

# Jessica Volpentesta, LMHC

Second Nature Counseling

Washington State Licensed Mental Health Counselor #LH60696495

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## Client Information - Adult

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_ Date of Birth: \_\_\_\_\_ Gender ID: M F Other \_\_\_\_\_

Marital Status: \_\_\_\_\_ Religious/Spiritual Preference: \_\_\_\_\_ Culture/Ethnicity: \_\_\_\_\_ Sexual Preference: \_\_\_\_\_ Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Ok to text? Y N Ok to call? Y N Leave Message? Y N

Email: \_\_\_\_\_ Ok to email? Y N

Preferred way to contact: Text Call Email

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Care Physician/Facility: \_\_\_\_\_

List any medical conditions you have: \_\_\_\_\_  
\_\_\_\_\_

List any medications/supplements you are currently taking: \_\_\_\_\_  
\_\_\_\_\_

Briefly describe the main issue(s) which has led you to seek counseling: \_\_\_\_\_  
\_\_\_\_\_

Have you sought counseling in the past? If so, what for and was it helpful? \_\_\_\_\_  
\_\_\_\_\_

## ***Family/Household Information***

Please list each person living in the home:

Name: \_\_\_\_\_ Age: \_\_\_\_ Relationship: \_\_\_\_\_

Referral Source? Health Professional\_\_ Friend\_\_ Psychology Today\_\_ Other \_\_\_\_\_