

Ground and Path Contemplative Psychotherapy

W. Trent Schmiedehaus, LCSW-S, SEP

CLIENT INFORMATION

Please provide the following information, which will remain CONFIDENTIAL in accordance with Texas state law. You may omit any question that does not apply.

PERSONAL BACKGROUND

Date: _____

Full Name: _____ Is there another name you prefer to use? _____

Date of Birth: _____ Age: _____ Gender: _____

Address: _____ City: _____ State: _____

Email Address: _____

Phone: _____ (circle one) HOME WORK CELL OTHER

Okay to leave message on this phone? (Circle one) YES NO

Alternate Phone: _____ (circle one) HOME WORK CELL OTHER

Okay to leave message on this phone? (Circle one) YES NO

Emergency Contact: _____ Relationship to you: _____ Phone: _____

Employer: _____ Job Title: _____

Relationship Status: (Circle one) SINGLE MARRIED DIVORCED SEPARATED WIDOWED PARTNER

COUNSELING BACKGROUND

Have you had previous counseling (individual, group, couples, or family counseling)? (circle one) YES NO

If so, where? _____ When? _____

Why did you seek counseling? _____

What were the outcomes? _____

Have you seen or are you now seeing a psychiatrist? YES NO When? _____

Diagnosis discussed? _____

Are you currently being prescribed psychiatric medications? YES NO Please list any psychiatric medications you are taking :

What brings you in to counseling now? _____

What are your goals for therapy? _____

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CLIENT INFORMATION

Have you ever been hospitalized or received inpatient care for psychiatric reasons? If so, please describe when, where and the results of the treatment.

Do you have any ongoing/open court cases or other legal issues (probation, parole)? _____

Are you currently experiencing suicidal thoughts, plans or intentions? _____

Have you ever experienced suicidal thoughts, plans or intentions? _____

Is there anything else you would like me to know about you that might help me understand you or that might enhance your treatment?

The information I have provided above is current and accurate to the best of my knowledge. I understand that knowingly providing false information may result in denial or termination of services, as well as any legal remedies that may apply.

Signature: _____ Date: _____