

**HEARTFELT HEALING, LLC, 2201 Kipling St. Ste 204, Lakewood, CO 80215**  
**Client Information Form**

Name \_\_\_\_\_ date \_\_\_\_\_  
Address \_\_\_\_\_ City, zip \_\_\_\_\_  
email \_\_\_\_\_ Phone # \_\_\_\_\_  
May leave text/message: Yes\_ No\_\_  
Emergency Contact and phone #: \_\_\_\_\_  
reason for seeking counseling: \_\_\_\_\_

Relationship status:

- \_\_\_\_\_ Single
- \_\_\_\_\_ Married/Living with Partner
- \_\_\_\_\_ Separated
- \_\_\_\_\_ Divorced
- \_\_\_\_\_ Widowed
- \_\_\_\_\_ Single Parent
- \_\_\_\_\_ Multiple Partners

Ethnic Origin:

- \_\_\_\_\_ White/Euro-American
- \_\_\_\_\_ Asian/Asian-American
- \_\_\_\_\_ Black/African-American
- \_\_\_\_\_ Hispanic/Mexican American/Latino(a)
- \_\_\_\_\_ Native American/Indian
- \_\_\_\_\_ International
- \_\_\_\_\_ Biracial
- \_\_\_\_\_ Other: Specify: \_\_\_\_\_

Birthdate: \_\_\_\_\_ age: \_\_\_\_\_ Referring Person/Agency: \_\_\_\_\_

Highest educational degree earned \_\_\_\_\_  
Employment/Career/Employer \_\_\_\_\_  
Referred by \_\_\_\_\_

Gender identification:

- \_\_\_\_\_ Male
- \_\_\_\_\_ Female
- \_\_\_\_\_ Other (intersex)

Previous Counseling:

- \_\_\_\_\_ None
- \_\_\_\_\_ Private Therapist
- \_\_\_\_\_ Agency

Reason for prior counseling \_\_\_\_\_

Please list any medications you are currently taking and for what diagnosis:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you taking other drugs or feel you are using alcohol excessively:  
\_\_\_\_\_  
\_\_\_\_\_

Please list any medical issues you are currently receiving treatment for:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Heartfelt Healing Counseling

Please provide information about your family:

<b>Name of family member,</b> pls add partners of bio parents (step- parents, etc.) including current spouse and status of marriage	<b>Biological relationship</b> (eg. mother, stepmother, adoptive mother, no relationship)	<b>Age</b>	Year of death OR current home location	<b>occupation</b>	Positive or negative relationship
(mother)					
(father)					
Siblings	(pls. define how related)				
Client's Partner(s)/Spouse					
Previous long-term partners	(pls. include previous spouse, if applicable)				
Children					
Other figures of importance					

***The following are common concerns of individuals coming to counseling. Please check all that apply to you; this will help me serve you better. Answer as honestly as possible and know we will discuss your answers in detail only when you feel ready to doing so.***

- My parent/s suffered from addiction/mental health issues
- There are multiple abandonments in my life
- I cannot talk to my family about my personal concerns and problems
- My family is not emotionally close
- My family has a history of:
  - Counseling
  - Alcohol or drug addiction
  - Abuse
  - Poor communication
  - Other \_\_\_\_\_
  - Hospitalization
  - Depression
  - Eating disorders
  - Suicide

My relationship with my family is satisfactory

Currently I live:  Alone  With roommate(s)  
 With spouse/partner(s)  With child(ren)  With parents

- I am **not** happy with my living arrangements
- I am satisfied with these arrangements
- I do not have close friends I can talk to about personal issues
- I use alcohol/drugs: \_\_\_\_\_ times per week

The following have resulted from my use of alcohol/drugs and I wish to focus on this:

- Traffic ticket/violation
- Ruined a relationship
- Black outs
- Other \_\_\_\_\_
- Fight with a friend
- Academic problems
- Disciplinary action

I have been in trouble with the legal system for \_\_\_\_\_

- My social/dating life is not satisfactory
- There are sexual concerns I'd like to discuss
- I have had (an) unwanted sexual experience(s) that I wish to heal from

- I am dissatisfied with my personal appearance
- I have tried to control my weight with:
  - Vomiting
  - Not eating
  - Diuretics
  - Other \_\_\_\_\_
  - Laxatives
  - Excessive exercise
  - Diet pills

Heartfelt Healing Counseling

\_\_\_\_\_ I am struggling with work-life balance

\_\_\_\_\_ I am concerned about physical/emotional abuse in my past/present

\_\_\_\_\_ I have felt like or tried harming myself (past or present); if so, when: \_\_\_\_\_

\_\_\_\_\_ I have felt like or tried harming others (past or present); if so, when: \_\_\_\_\_

\_\_\_\_\_ I have had problems recently with the following:

- |                     |                        |
|---------------------|------------------------|
| _____ Sleeping      | _____ Appetite         |
| _____ Headaches     | _____ Weight loss/gain |
| _____ Anxiety       | _____ Mood shifts      |
| _____ Concentration | _____ Depression       |
| _____ Anger         | _____ Grief            |

\_\_\_\_\_ I do not handle stress well

\_\_\_\_\_ I have difficulty expressing my emotions

\_\_\_\_\_ I often get extremely angry

\_\_\_\_\_ At times I have acted in a violent manner

\_\_\_\_\_ I am having academic or work problems

\_\_\_\_\_ I have suffered a recent loss

\_\_\_\_\_ Death      \_\_\_\_\_ Relationship ending      \_\_\_\_\_ Job loss      \_\_\_\_\_ Health

What would you like to accomplish in counseling?

1.

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2.

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3.

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Do you have any specific questions about therapy?

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