

CONFIDENTIAL CLIENT INFORMATION FORM

Peter Hannah, MA LMHC
1800 Westlake Ave North, #305
Seattle, WA 98109
(206) 799-6566

GENERAL INFORMATION

Name: _____ Date of Birth: _____

Street Address: _____

City & ZIP Code: _____

Preferred Phone : _____ Voice Messages OK? Y / N Text OK? Y / N

Email (only if email contact is OK): _____

Occupation / Employer: _____

Marital Status: Single Married Divorced Living w/Partner It's Complicated

Ethnic/Cultural Heritage: _____

Other Members of Household (Name/Age/Relation) _____

MENTAL HEALTH INFORMATION

<u>Question</u>	<u>Please Circle</u>
Have you seen a counselor or mental health professional before?	Yes No
Have you been diagnosed with a mental health condition before? If so, please state: _____	Yes No
Are you currently taking any medications, herbs or supplements for depression or any other mental health condition? If so, please state: _____	Yes No
Do you have suicidal thoughts or urges?	Yes No
Do you have thoughts or urges to harm others?	Yes No

SUBSTANCE USE INFORMATION (Reminder, this is confidential)

How often do you drink alcohol? _____

Do you use recreational drugs – such as Ecstasy, Pot, Cocaine, etc.? (please circle) Yes No If
so, how much & how often?

CURRENT SITUATION / COUNSELING GOALS INFORMATION

Why did you seek out counseling right now? _____

What are your goals for this counseling work? _____

What else would you like me to know about you? _____

How did you find out about my practice? (Google, a professional referral, etc) _____
