

**Nora Swan-Foster
Licensed Professional Counselor
1137 Pearl Street Suite 205 Boulder, CO 80302
303-440-4000**

CLIENT HISTORY

Name _____ Date of First Visit _____

Address _____

Home Phone Number _____ Work Number _____

Should I need to reach you, can I call you at the numbers above? _____ Can I leave a message? _____
If not, how can I reach you while protecting confidentiality? _____

Emergency contact number _____

Date of birth _____ Age _____ Place of Birth _____ Occupation _____

Employer Address _____

Hobbies and interests _____

Family History

Spouse, partner an/or significant other _____ Age _____ Date of Birth _____ Occupation _____

Your marital status _____ Marriage/divorce dates _____

Names of Children/Ages _____

Others in household including pets _____

*Number of pregnancies & dates (please use the back) _____

*Childbirth Experience(s) and dates (please use the back) _____

Mother Name and Age _____ Father Name and Age _____ Parents Place of Residence _____

Siblings Name and Age _____

Deceased Family Members (including pets) _____

Years of schooling _____ Place of Schooling _____ Areas of interest _____

Notable family **medical** and **psychological** History _____

What was your religious upbringing and what is your spiritual orientation and interest?

Can I thank the person who referred you? (Name and phone)

Have you been in psychotherapy before? What was beneficial? What was not helpful?

Please state briefly your reasons for seeking therapy at this time. List your specific concerns.

What are your goals for therapy?

What is your experience with art materials and how do you feel about making art? Would you sign a release?

Do you have physical health concerns? Please list surgeries, medication history (dates and ages) (Please use other side if necessary)

How often do you exercise and what kind?

What do you like to do for self care?

**How often do you Drink Alcohol? _____ Smoke _____ Rec Drugs _____ Casual
Sex _____ Gambling _____**

**Have you ever been treated for substance abuse or other addictive behaviors? _____ Do you think you have an
untreated addiction? _____ If yes, what substance(s) or behaviors? _____ Where were you in
treatment? _____ Dates _____ Does your recovery feel solid? _____**

Are you currently or have you ever been on Medication? If yes, please list the medication(s) and the reason?

How were the medications helpful?

Have you ever considered or attempted suicide? Did you have a plan? Do you feel suicidal now?

Have you been hospitalized for depression or other emotional distress?

Have you been in any car accidents? Please list the dates.

Do you have any allergies? What types?

Have you ever experienced physical abuse? psychological abuse? or sexual abuse?

Can you give me some details?

Do you know what your triggers are?

Were there any other traumatic events or accidents in your life?

List time of year and how old you were when significant people in your life died:

What is your favorite color and why?

Do you have a favorite movie—what is it and why?

If you could be someone other than yourself, who would you want to be and why?

Are there other things you would like me to know? (hopes, fears, favorite things, recent events, details about specific relationships, your strengths, what you like about yourself) Please feel free to use the other side.

Thank you for your time!