Darcy Hollie
COUNSELING, PLLC
M.A.Ed.
NCC
LMHC

INTAKE AND CONTACT INFORMATION

Name: _____

Street Address: _____

City/State/Zip: _____

Email: _____

Home Phone: _____ Cell Phone: _____

What phone do you prefer I use to return your calls? □ Home □ Cell

Is it okay to leave a message at the location(s) you checked above?

Date of Birth: _____ Current Age: _____

Ethnicity: _____

Education: _____

Occupation: _____

Physician's/Psychiatrist's Name/Phone:

_____

Current Medications / Reason for taking:

_____

Previous Medications: _____

What brings you to counseling now?

_____

_____

Please circle any of the following issues that are currently a struggle for you:

Anxiety	Grief/Loss	Physical Illness	Work/Career	Drugs/Alcohol
Depression	Divorce/Separation	Weight/Eating	School	Self-Harming
Mania	Life Change	Insomnia	Family	Suicidal Thoughts
Self-Esteem	Sexuality	Sexual Problems	Finances	Abuse
Fears/Phobias	Relationships / Intimacy	Obsessions	Trauma/PTSD	Anger

Have you ever seen a psychologist, psychiatrist, counselor, or therapist? □ Yes □ No
If yes, please list name(s) and length(s) of services:
_____

In case of an emergency, whom should I notify?

Name: _____ Number(s):_____

Relationship to you _____

How did you hear about me? _____

Is it okay for me to thank the person who gave you my name? YES / NO

_____

Gender Preference: _____

Client Signature _____ Date: _____