Licensed Professional Counselor•National Certified Counselor•Registered Play Therapist

5211 Trenholm Road, Suite B, Columbia, SC 29206 • 803-318-1417 •

tracywebbcounseling@gmail.com

Name ____

Date of Birth ____________ Age _________ Circle: Single Married Divorced Widowed

Address ____

Telephone: hm _______________ cell _________________ wk _________________

Email Address ____

Is it okay to text you appointment reminders? Yes ______ No ______

Employer ________________________________ Job Title ____________________

or Grade/School ____

Please briefly describe what led you to seek counseling:

____

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MEDICAL AND COUNSELING HISTORY:

Have you ever been to counseling? Yes _____ No _____ If so, when and with whom?

____

CURRENT MEDICATIONS:

Medication/Dosage	Reason	Prescribing Physician

FAMILY HISTORY (check & list family member):

____ ADHD

____Alcohol/Substance Abuse

____Anxiety

____ Autism Spectrum Disorder

____Depression

____Eating Disorder

____Health Issues/Concerns (Diabetes, Heart Disease, Cancer, Alzheimers)

____Mood Disorder (BiPolar/ Intermittent Explosive Disorder)

____Obesity

____OCD

____Personality Disorder (Narcisisstic, Borderline…)

____ Schizophrenia

____ Suicide/Suicide Attempt

___Other_______________________________

Do you drink alochol? Yes ____ No____ Frequency? ______drinks/day _____ drinks/week

Do you smoke cigarettes? Yes ____ No _____ How frequently? ______ # of packs week_____

Do you take prescription medicine for pain or anxiety? Yes _______ No ________
Which one(s)? ____ How often? ___________

Circle any symptoms you've had in the past month that have interferred with work/school and/or relationships with family/friends:

persistent sadness Insomnia sleeping more than usual weight gain or loss

fatigue thoughts about death increased guilt loss of interest in things

anxiety anger irritability mood swings headaches

worrying compulsive behaviors impulsiveness memory problems

poor concentration intrusive thoughts hearing voices panic attacks

rapid heart beat physical pain drinking alcohol more than usual

taking medicine for anxiety more than usual taking medicine for pain more than usual

Other (describe): ____

If there is anything else you would like me to know about you and/or an immediate family member you can write that here: