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Please complete this form to the best of your ability. Please note "NA" when an item is not applicable to you.

A. Identification and Contact Information

Name _____ Date _____

Gender M F Other Date of Birth _____ Age _____

Preferred Pronoun _____

Street Address _____

City/State/Zip _____

Home _____ Cell _____ Work _____

At Which of These Numbers May I Leave a Message? Home Cell Work

Email _____

Marital Status: Single Married Divorced Separated Widowed Living Together

Emergency Contact

Name _____ Relationship _____ Phone _____

B. Referral

How did you hear of me? _____

If referred by someone, do I have permission to thank this person for the referral? Yes No

C. Main Concern

Please describe the main reason that has brought you in to see me. Why now? (Include onset of problem, duration, symptoms, frequency, triggers, diagnosis if known, and triggers).

How do these concerns affect your daily living?

What have you tried on your own to resolve your concerns?

What type of assistance do you think you need?

How will you know if things are getting better?

What type of resources do you have available to help address these concerns? Who is your support system? What do they do to help?

D. Educational/Occupational Information

What is your highest level of education? What was school like for you?

Were you in any form of special education? Yes No

Are you currently employed? Yes No (*if applicable*)

Occupation_____ How Long?_____

Place of Employment_____ How Long?_____

City/State/Zip_____

Address_____City/State_____ Zip_____

If not currently employed, how long has it been since you last worked?_____

What kind of job did you previously hold?_____

What caused you to stop working?_____

E. Relationships

Are you currently in a relationship? Yes No If so, with whom? _____

How long have you been together?_____

Briefly describe your relationship._____

Do you have any children? Yes No (*Please list names/ages*)

Name_____ Age_____

Name_____ Age_____

Name_____ Age_____

Briefly describe your relationship with your children.

Describe your current living situation. Is it a safe environment? Yes No

Where were you born and raised? Briefly describe your childhood. How was it to grow up in your family? Is there any history of abuse or neglect?

How would you describe your relationship with your family members currently?

F. Medical Information

Primary Care Physician _____ Phone _____

List Any Additional Doctor(s) involved in your care and reason for seeing them.

Do you have any current health issues? If so, please explain and indicate how they are being treated?

Are you being prescribed any medication? Yes No

Medication	Dosage/frequency	Prescribed by
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you taking any non-prescription medications? Supplements? Vitamins? If so, please list.

G. Mental Health Information/Substance Use History

Have you ever received psychological, psychiatric, drug and alcohol treatment, or counseling services in the past? Yes No If yes, please indicate:

Have you ever attempted suicide? Yes No If so, how (means)? How many times? _____
(Please indicate if you are having any current thoughts, intent, plans or access to means?)

Do you have any history of harming others? Yes No (any current thoughts, intent, plans or access to means?)

Do you now, or have you ever, engaged in self harm (e.g. cutting, burning, or hurting yourself in any way) or other potentially damaging or impulsive behaviors (e.g. unsafe sex practices, gambling, impulsive spending)? Yes No

Have you ever been hospitalized for any behavioral health or substance abuse issue? Yes No
If so, please explain.

Does anyone in your family have a history of mental health or substance abuse issues? Yes No

Do you believe you have (or have had in the past) a drug or alcohol problem? Yes No

Please list all non-prescribed drugs and alcohol that you currently use or have used in the past (indicate frequency and amount).

Type	First Used	Last Used	Pattern of Use (amount/frequency)

H. Legal Issues

Please list and describe any legal issues or arrests? Have these issues been resolved?

I. Cultural/Religious

Do you consider yourself a religious or spiritual person? If so, how does this help?

What do you consider your strengths?

Is there anything in your cultural background that you feel is important for me to know?

Please list any additional information that you believe may be helpful or that you want me to know.