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Session Fee:
Bill to:

New Client Information

Full Name: _____ Today's Date _____

Address: _____

Cell Phone: _____ Email: _____

Gender: _____ Date of Birth: _____ Who you referred you? _____

For Minors: Guardian(s): _____ *Email:* _____ *Cell Phone:* _____

What brings you in today, and how long has it been a problem?

List words that describe your mood on most days: _____

What do you expect to accomplish from therapy, and how long do you expect therapy to last?

Relationship status: Single Dating Married Divorced Remarried Widowed Other

If currently in a relationship, what is your partner's name, age, occupation?

Children and Sibling name and ages: _____

Highest level of education completed: _____ Current Occupation: _____

List Previous Employment: _____

How important is religion? very important sometimes important unimportant destructive

How is most of your free time occupied? Interests, talents, and hobbies:

Are you taking any medication? If "yes," what, how much, and with what results

Substance Use Habits: How much do you drink, smoke and/or use drugs?

Have you ever been in trouble with the law? _____

Discuss: _____