

Pathways to Growth Counseling

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Important information in order for me to work with you:

Full Name: _____ DOB: _____ Age: _____

Address: _____

City/ State: _____ Zip Code: _____

Home Phone: _____ May we leave a message? Yes No

Cell Phone: _____ May we leave a message? Yes No

Email Address _____ May we email you? Yes No

Insurance Provider: _____ Name of Plan: _____

Member ID: _____ Insurance Phone #: _____

Name of Insured: _____ DOB of insured: _____

Name of Primary Care Physician or Pediatrician: _____

Phone Number: _____

Name of emergency contact: _____ Phone #: _____

Referral Source: _____

Have you ever received any type of mental health services (counseling, hospitalization, psychiatric services, etc.)?

No Yes: _____

What psychiatric medications have you been prescribed in the past?

What medications, herbs, vitamins, and/or supplements are you **currently** taking? _____

Have you ever suffered from an eating disorder? Yes No

Are you currently experiencing sadness, grief or depression? Yes No

Are you currently experiencing anxiety, panic attacks or have any phobias? Yes No

Please indicate if and when you have had the following experiences: (X)

	Never	Within the Past year	More than a Year ago	Both
Purposely injured yourself without suicidal intent? (e.g. cutting, hitting, burning, hair pulling, etc.)				
Seriously considered attempting suicide?				
Made a suicide attempt?				
Seriously considered injuring another person?				
Intentionally caused serious injury to another person?				
Had unwanted sexual contact(s) or experiences(s)?				
Legal issues?				

How often do you drink alcohol? Daily Weekly Monthly Infrequently Never

How often do you use recreational drugs? Daily Weekly Monthly Infrequently Never

Have you or anyone in your family experienced instances of physical violence now or in the past?

Have you had problems with natural disasters (i.e.; flood, hurricane) or another traumatic event?

Relationship Status: Single Dating/Committed relationship Married Separated Divorced Widowed

Others residing in your home:

- 1.
- 2.
- 3.
- 4.

Employment status: Unemployed Part Time Full Time

Please describe any work concerns: _____

Do you consider yourself to be spiritual or religious? Yes No

Please describe any spiritual/religious concerns: _____

Have you ever been enlisted in any branch of the U.S. Military? Yes No

If yes, when and in what role: _____

In general, what is your reason for seeking counseling at this time?