

Laurie Crandall, LMFT, LPC

Family and Individual Therapist

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Your Information

Please fill out what you are comfortable sharing and bring to the first session with you

Name _____ Date _____

Gender Identity _____

Date of birth _____ Age _____

Home Address _____

City/State _____ Zip _____

Parent's email _____

Parent's Primary Phone (home/cell/work) _____

Check if o.k. to leave message _____

Alternate Phone (home/cell/work) _____

Check if o.k. to leave message _____

Who lives at home with you? _____

Name

Relationship

Phone

Emergency Contact(s) _____

School and Grade _____

Do you have an IEP? _____

Ethnic/Cultural Background (optional) _____

Spiritual Practice/Religious Affiliation (optional) _____

How did you find me? _____

Family History

In a few words, describe general relationship with the following people.

Mother: _____

Father: _____

Brothers and sisters (include names and ages): _____

Other significant family members: _____

Have you experienced any of the following?:

___ Raised by someone other than parent (who? _____)

___ Parents divorced (your age ___)

___ Lived with step-parent or other siblings

___ Adopted (at what age? ___)

___ Other _____

Have you experienced the death of someone close to you? (yes/no)

Please give the name and relationship of the person(s), cause of death, and when they died (or your age at the time): _____

Do you have a history of abuse or neglect? _____

Is there a family history of mental illness (depression, anxiety, attention deficit disorder, addictions, suicide, etc.)? _____

Health

Current physical health concerns: _____

Any current or previous developmental concerns? _____

Do you follow a specific diet? _____ Why? _____

Prescribed medications you are taking and what are they for: _____

Previous mental health hospitalizations, diagnoses, medications: _____

Previous medical hospitalizations, serious illnesses or injuries, seizures, or head injuries: _____

How active are you? Do you exercise? _____

Have you been to counseling before (include approximate dates, length of time, and reasons)?

Was it helpful? _____

Any concerns about substance abuse or any other impulsive behaviors? _____

Describe how much time you spend on media (TV, movies, Internet, news, Facebook, etc...)_____

Self Care

What stuff stresses you out? _____

Are there things you do to help you relax or coping skills that you use? _____

What are some of your personal strengths and/or things you are good at? _____

What are your hobbies or things you like to do? _____

Who can you turn to for support (family/friends)? _____

How much do you usually sleep? Do you have a hard time getting to sleep or staying asleep?

Therapy Goals

What brings you to therapy at this time? (Please describe the issues and concerns for which you are seeking counseling.) _____

How do you hope your life will be different after counseling? _____
