



## Explore & Express Family Counseling

Barbara Devaney, LMFT, REAT

PSYCHOTHERAPY • EMDR • EXPRESSIVE ARTS THERAPY • CONSULTATION

MFC 43190

### Initial Questions for New Clients

Name \_\_\_\_\_

Today's Date \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

What sex appears on your ID: \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Education \_\_\_\_\_

Occupation \_\_\_\_\_

Phone \_\_\_\_\_

List all people living in household:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Primary language spoken in home \_\_\_\_\_

Other languages spoken in home \_\_\_\_\_



## Explore & Express Family Counseling

Barbara Devaney, LMFT, REAT

PSYCHOTHERAPY • EMDR • EXPRESSIVE ARTS THERAPY • CONSULTATION

MFC 43190

---

### PRESENTING PROBLEM

Briefly describe your current situation:

How long has this problem been of concern to you?

When was the problem first noticed?

What seems to help the problem?

What seems to make the problem worse?

Have you received evaluation or treatment for this problem or similar problems?

YES      NO

If yes, when and with whom?

Are you on any medication at this time?

YES      NO

If yes, please note kind of medication:

---

Who referred you here: \_\_\_\_\_

Thank you.