



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 _____



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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.