

Frances H. Herron, LPC

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Client Information

Name: _____ Date of Birth: ____|____|____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home (____) _____ Work (____) _____ Cell (____) _____

Email _____

Status: Single Married In a relationship Divorced Separated Widow/er

Length of time status applies: _____ years _____ months

Prior Status: Single Married In a relationship Divorced Separated Widow/er

Highest level of education: High School Trade School Some College
College Graduate Graduate/Professional

Children / Step-children / Dependent family members / Handicapped family members:

Name	Status	Age	Name	Status	Age
1. _____			4. _____		
2. _____			5. _____		
3. _____			6. _____		

Additional Information

What are the concerns or symptoms that have moved you seek counseling?

How long have you had these concerns or symptoms?

Have you ever consulted a mental health professional before? (psychiatrist, psychologist, social worker, counselor)

If so, please specify when, length of therapy, reason, and whether or not it was a positive experience.

Are you taking any medication(s), been prescribed by a doctor or self-prescribed?

If so, please specify name of medication, dosage, and when taken.

Have you had a general health examination within the last two years?

Do you have any chronic illnesses?

Within your family, how well would you say the members get along?

Have you or your immediate family members been diagnosed, or do you suspect any mental health or substance problems (including prescriptions), extending back to grandparents?

Do you currently suspect abuse of alcohol or other substances, including prescriptions, within your family?

Do you have many, a few, or no friends with whom you can share your concerns?

On an average day how would you describe your mood? (Upbeat, cheerful, depressed, hopeless, etc.)

**Within the last year have you experienced:
Loss of a family member, friend, or pet, through death, relocation or conflict?**

A job loss or downsizing of responsibilities?

If you are married or have a significant relationship, how would you express your feelings about this partnership? (Working okay, satisfying, meeting my needs, needing repair, not working very well, not working at all, is the reason I am coming for counseling, etc.)

Is there anything else you would like me to know or which you think may affect therapy?

Do you have any questions that you would like the counselor to answer?

Signature

Date