

**Laurette Beeson Presley, LPC**

824 Bering Drive #5207

Houston, Texas 77057

713-775-4822

**CLIENT PERSONAL DATA**

Date: \_\_\_\_\_

Client's Name: \_\_\_\_\_

Legal Guardian's Name (if applicable) \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Marital Status:      Single: \_\_\_\_\_ Married/No. of years: \_\_\_\_\_ 1<sup>st</sup> Marriage \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

Separated (since): \_\_\_\_\_ Divorced (since): \_\_\_\_\_ Living together, Not Married: \_\_\_\_\_

Education (last year completed): \_\_\_\_\_ Degree: \_\_\_\_\_

Client's Occupation and/or name of School: \_\_\_\_\_

Employer: \_\_\_\_\_

Who referred you to my practice? \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Who should I contact in case of an emergency?

Name/Relationship/Phone # \_\_\_\_\_

Name/Relationship/Phone # \_\_\_\_\_

## MEDICAL HISTORY

Name of Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

List any medical conditions: \_\_\_\_\_

\_\_\_\_\_

Is client currently taking any medications? YES \_\_\_\_\_ NO \_\_\_\_\_

If so, please identify medication, dosages, and times taken: \_\_\_\_\_

\_\_\_\_\_

List any anti-depressants or similar medications you have taken in the past: \_\_\_\_\_

\_\_\_\_\_

Have you sought counseling/therapy prior to your visit? YES \_\_\_\_\_ NO \_\_\_\_\_ Date \_\_\_\_\_

What was this regarding?

\_\_\_\_\_

\_\_\_\_\_

Was your experience helpful? \_\_\_\_\_

Please describe what brings you to counseling:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In addition, please list your goals for our work together:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_