Please bring completed form to your first counseling appointment, or email to hello@riverstonecounseling.org.
Please note: email is not a secure form of communication.

Your Information

Name: ______________________ Date: ___________ Gender: _______ Gender at birth: _______

Address ____
Street City State Zip

Social Security #: ______________________ Birth Date: ________________ Age: _____________

Mother's Maiden Name ________________________________

Ways to contact me: ___ Phone ___Voicemail ___E-mail ___Drop-In

Phone #_________________ E-mail_____________________________ Other________________

Best Time/Day to Be Reached: ______________________ Okay to leave a message? ☐ YES ☐ NO

How would you like appointment reminders? ☐ Phone ☐ Email

Emergency Contact: ____
Name Phone Number Relationship

Do you have health insurance? ☐ YES ☐ NO
If YES:

Insurance company	
Insurance ID # & Group #	
Subscriber name & Social Security #	
Subscriber date of birth	
Subscriber address	
Client's relationship to the subscriber	
Insurance co. MH/SA provider phone #	
Co-pay amount	
If NO, agreed fee per session	

OPTIONAL DEMOGRAPHIC QUESTIONS

RACE
- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Biracial
- ☐ Don't Know
- ☐ Other
- ☐ Declined to answer

ETHNICITY
- ☐ Hispanic/Latino
- ☐ Non-Hispanic/Non-Latino
- ☐ Don't know
- ☐ Declined to answer

PRIMARY LANGUAGE ______________________
PREFERRED SERVICE LANGUAGE ________________
ABILITY ACCOMMODATIONS ___________________

Name ________________________________ Date ________________

Please briefly describe what brings you to counseling at this time.

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____

When did you first become concerned about the issue(s) that bring you here today?

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____

____

Previous Outpatient Therapy *(previous therapists/practitioners, dates of counseling, reason for counseling, response to counseling –was it a positive, negative, or mixed?)*

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____

Past Psychiatric Hospitalizations *(include mental health and/or substance use related hospitalizations; include name of hospital, dates, reason for hospitalization, and outcome of hospitalization)*

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Current Medications *(Include prescribed dosages, dates of initial prescription and refills, and name of doctor prescribing medication)*

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Allergies *(adverse reactions to medications/food/etc.)* ____

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Any Relevant Medical Conditions *(diabetes, hypertension, head traumas, heart problems, asthma or other breathing problems, cancer, etc.)*

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Medical Hospitalizations/Surgeries *(include dates, complications, adverse reactions to anesthesia, outcomes, etc.)*

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Name ____________________________________ Date __________________

Substance Abuse History *(Complete for all clients age 12 and over)*

SUBSTANCE	AMOUNT	FREQUENCY	DURATION	FIRST USE	LAST USE
Caffeine					
Tobacco					
Alcohol					
Marijuana					
Opioids/Narcotics					
Amphetamines					
Cocaine					
Hallucinogens					
Others:					

Family History of Mental Health or Substance Abuse/Dependence

____
____
____
____

Family Members

Name *Age* *Gender* *Relationship*

____
____
____
____
____
____

Who do you consider to be supportive people in your life? *(ex. Friends, family, co-workers, peers, church or other faith community, etc.)*

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____
____

Education History: Last grade completed; if currently a student, where? What grade/year? What is/was school like for you?

____
____
____

Employment History: Are you currently working? Part-time? Full-time? Doing what? If you're not working, are you looking for work? What has your experience of work been like?

____
____
____

Name ______________________________ Date ________________

What, if any, activities do you engage in for hobbies, interests, extra-curricular activities, sports, exercise, etc.?

____

____

____

Do you have any spiritual, religious, or cultural beliefs or practices that you would like me to know about that might be relevant to counseling?

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____

What do you consider to be your strengths that would help you in being successful toward your goals in counseling?

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____

What might you need and prefer from your counselor or Riverstone in general in order to be successful toward your counseling goals?

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