



**Suzanne Holmes Ed.D.**

Licensed Professional Counselor #1315  
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Boulder, Colorado 80301  
(303) 245-8575

GENERAL INFORMATION

Date \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

HOME PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

MOBILE PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

Should I need to reach you, where would you prefer to be contacted?

\_\_\_\_\_

OCCUPATION \_\_\_\_\_

If employed, name of EMPLOYER \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

PRIMARY INSURANCE \_\_\_\_\_

Name of Policyholder \_\_\_\_\_

Policyholder's Social Security Number \_\_\_\_\_

Policy Number \_\_\_\_\_

Telephone Number of Insurance Company \_\_\_\_\_

Do you plan to seek reimbursement from your insurance company? \_\_\_\_\_

By whom were you referred, or how did you learn about this service? \_\_\_\_\_

PERSONAL HISTORY

Date of Birth \_\_\_\_\_

Where did you live as a child? \_\_\_\_\_

Current Marital Status \_\_\_\_\_

If you have been married previously, please indicate when and for what duration of time?

\_\_\_\_\_

If not married, do you have a significant other? \_\_\_\_\_ How long have you been in this relationship? \_\_\_\_\_

How would you describe the state of your marriage/significant relationship?

\_\_\_\_\_

\_\_\_\_\_

Please provide names and ages of parent(s) and/or stepparent(s) and indicate their occupations. If they are deceased, please indicate year of death and age at death.

<u>Name</u>	<u>Age</u>	<u>Occupation</u>
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Please provide names and ages of sibling(s) and/or stepsibling(s). If they are deceased, please indicate year of death and age at death.

<u>Name</u>	<u>Age</u>	<u>Name</u>	<u>Age</u>
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(please use reverse for additional information)

Do you have children? \_\_\_\_\_  
If so, please provide name, birthdate and gender of each child.

<u>Name</u>	<u>Birthdate</u>	<u>Gender</u>
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Are there other individuals who have great importance in your life? Please name them and indicate your relationship with them.

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Please describe, briefly, the circumstances surrounding the deaths of significant people in your life.

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Please list the educational institutions you have attended and years of attendance:

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Please list any previous psychotherapy experiences including approximate dates, length of treatment, names of therapists, and city/state in which you received treatment:

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How would you describe your previous therapeutic experience(s)?

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Please identify medications that you have used, or are currently taking, for psychological purposes (e.g., for depression, anxiety, etc.):

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What other medications are you taking and for what conditions?

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How frequently do you use alcohol or recreational drugs? (please be specific about types of drugs and alcohol)

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Does your use of substances worry either you or others close to you? \_\_\_\_\_

What concerns or problems led you to seek counseling at this time?

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What are your goals for counseling?

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What else would you like me to know about you?

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*Thank you for taking the time to complete this form. It will be very helpful as we begin our work together.*