Katherine Anderson, LPC

A. IDENTIFICATION		
Date:	Insurance:	
Name	Date of Birth:Ag	e:
Marital Status Social Securit	y Number	
Home street address:		
City State:	Zip:	
Home/Evening phone:	Cell:	
Email:		
B. REFERRAL How did you find me?		
C. MEDICAL CARE		
Clinic/Doctor's name:	Phone:_	
Address:		
Current medication/doses:		
D. CURRENT JOB OR DAILY ROUTIN	 VE:	
E. YOUR EDUCATION AND TRAINING		
Name of school/college	Dates:	
· ·		
High School		
College/s		
F. EMPLOYMENT EXPERIENCES (inc	slude military if applicable)	

G. HAVE YO Name of Cou How long did How would y	nselor/Ther I you go to c	apist ounselin	g?											
H. FAMILY-OF	-ORIGIN HIS	TORY												
Family Living? Age Member (Y/N)			G	Health Good Fair Po						If deceased, when?				
Father	(.,,			.554		•	~ "							
Mother														
Brothers														
Sisters														
• If pare	s or has had	, how old u grow up aship of ai any of the	were ? (wh ny	you	when	they	divorce	ed?			her			Maternal

Check condition and relationship of any relative who has or has had any of the conditions listed below. Include yourself	YOURSELF	Mother	Father	Siblings	Stepmother	Stepfather	Paternal grandfather	Paternal grandmother	Maternal grandfather	Maternal grandmother
Alcoholism/Substance Abuse										
Cancer										
Depression										
Anxiety/Panic										
Heart Problems										
High Blood Pressure										
Migraines										
Serious Mental Illness										
(bipolar, schizophrenia, etc.)										
Learning/Attention Problems										
Suicide/Suicide Attempt										
Gastro-intestinal problems										
Other (Specify)										

First Second			age —	Your age at marriage	divorce	d/widowed					
Third Date of co	urrent marriage:	;	Spouse's name :			Spouse's age:					
J. CHILDR	EN (Check P if ch	ild is from a p	revio	us marriage)							
		_		School		-					
											
K. SPIRITI	JAL LIFE										
• w	ould you like to	incorporate s _i	piritu	ality or religious b	oeliefs in yo	our counseling?	Y	_ N			
L. Do you	have any recurr	ing dreams/ni	ightm	ares? If so, pleas	e describe:						
M. Anyth	ing else you wou	ıld like to shaı	re:								
	are interested in ct birth time, an			our natal chart/late):	Human De	sign type, plea	se provide y	your birth			

I. MARITAL/RELATIONSHIP HISTORY