

CONFIDENTIAL NEW CLIENT INFORMATION

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(206) 945-4133

Licensed Mental Health Counselor

License # LH 60200557

Welcome to my psychotherapy practice. I appreciate that you have chosen to work with me to explore your counseling needs and objectives. The following information will help me to get a general idea of your circumstances. Please be as accurate as possible.

Today's Date: _____

Referred by: _____

Client's Name: _____

Mailing Address: _____

Email address: _____

Marital Status: Single
 Married
 Partnered
not married
 Separated
 Divorced
 Widowed
 Other

Phone Numbers **Home:** _____ **Cell:** _____

Age: _____ **Birth date:** _____

Names of others who live in your household, including pets: **Age:** **Relationship:**

Please list any children you have who do not live with you:

Name	Age if living	Living where	Deceased when
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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Occupation (if retired or not working, please state what occupies your time and energy):

Employer (if applicable): _____ **Self-Employed:** _____

Education # of years: _____ Degree: _____

Field of education: _____

Family of Origin:

Name	Age if living	Living where	Deceased when
Father	_____	_____	_____
Mother	_____	_____	_____
Siblings (in birth order, including yourself)			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In your family, was there a history of: Alcoholism Substance abuse Mental Illness
 Physical or sexual abuse

Health:

Current Medications: _____

Significant Medical Problems:

Have you had previous counseling or psychiatric care? Yes No

If yes, please give:
Name of clinician Degree/License Time period from to

Have you ever been hospitalized for substance abuse, alcoholism, eating disorders, or other psychiatric issues?

Yes No Specifics: _____