

Rochelle Schwartz Counseling
423 NE 60th Avenue
Portland, OR 97213

Client Information

Name: _____ Date: _____

Home address: _____

Best Phone: _____ OK to leave a message? Y / N

Email: _____

Date of birth: _____ Age: _____ Gender: _____

Occupation: _____ Education: _____

Single _____ Partnered _____ Married _____ Divorced _____ Widowed _____ Other _____

Ethnic and Cultural Identification: _____

Sexual Orientation (please circle along the spectrum):

Homosexual -----Heterosexual

Spiritual/Religious Relationship: _____

Emergency contact (Name, number and relation to you): _____

Please describe your reason for seeking counseling, and why at this time: _____

What do you hope to achieve in our time together: _____

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What, if any, previous experience do you have with counseling (time period in your life, length of experience, with whom, goals, outcomes, etc.): _____

Please list any medical or physical bothers: _____

Please list any current medication:

Name of medication	Dose	Reason	Prescribed By
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Amount and type per week: Caffeine _____ Alcohol _____

Tobacco _____ Recreational drugs _____

Internet _____ Video Games _____ Sleep (quality and hours/night) _____

Appetite (quality, changes, etc. in past month) _____ Amount of sugar _____

Is there a history of emotional, sexual or physical abuse: Y / N

Have you thought about hurting yourself or killing yourself in the past 6 months: Y / N

Have you ever attempted suicide: Y / N

How did you find me (i.e., **search terms used and website found on**): _____

This form helps me better assess your needs! Thank you for completing it.