

ALISON CASWELL, LCPC, CST

222 Auburn Street, Suite G4
Portland, Maine 04103
207-831-5396

Date: _____

Welcome to my practice. In order to help me best serve you, please fill out this form, review the attached documents, and sign where indicated. The information you provide here is protected as confidential information. Thank you.

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of birth: _____ SSN: _____

Phone: (H) _____ (W) _____ Cell: _____

May I call? H _____ W _____ Cell _____ Email: _____

May I text your mobile phone regarding appointments/scheduling? Yes _____ No _____

Please note, text and email correspondence is not considered a confidential medium.

Occupation: _____

Employer / School : _____

Partner/Spouse: _____

Date of birth: ___/___/___ Phone: _____

Occupation: _____ Employer: _____

Please list any children and age(s):

How did you hear about my practice / Referred by? _____

May I thank this person? Yes _____ No _____

Primary Health Care Provider: _____ Phone: _____

Permission to communicate with this person? Authorized: _____ Decline at this time _____

Past mental health treatment (including counseling, hospitalizations): _____

Are you currently taking any prescription medication or supplements? Yes ____ No ____

If yes, please list: _____

Please describe any medical issues you are currently dealing with: _____

Please describe partner's current medical condition and medications or supplements: _____

Reasons for seeking counseling, what do you hope to accomplish? _____

By signing below, I agree to the following:

1. The above information is correct and complete.
2. I have read and understand the accompanying disclosure statement.
3. I understand I am responsible for sessions cancelled without 24 hours notice. Without such notification, a \$75 late cancellation fee will be charged.
4. I authorize the release of information necessary for insurance processing (HOSA Healthcare Office Support and Assoc) and payments directly to the provider.

Signed: _____ Date: _____

GENERAL HEALTH AND MENTAL HEALTH INFORMATION:

1. How would you rate your current physical health?
Very Good ___ Good ___ Satisfactory ___ Unsatisfactory ___ Poor ___
Please list any specific health problems you are currently experiencing:

2. How would you rate your current sleeping habits?
Very Good ___ Good ___ Satisfactory ___ Unsatisfactory ___ Poor ___
Please list any specific sleep problems you are currently experiencing:

3. How many times a week do you generally exercise? _____
What types of exercise? _____

4. Please list any difficulties you experience with your appetite or eating patterns:

5. Are you currently experiencing overwhelming sadness, grief, or depression?
No ___ Yes ___ If yes, for how long? _____

6. Are you currently experiencing anxiety, panic attacks, or have any phobias?
No ___ Yes ___ If yes, when did you begin experiencing this?

7. Are you currently experiencing any chronic pain? No ___ Yes ___
If yes, please describe: _____

8. Do you drink alcohol? No ___ Yes ___ How often? _____
9. How often do you engage in recreational drug use?
Daily ___ Weekly ___ Monthly ___ Rarely ___ Not at all ___
10. Are you currently in a romantic relationship? No ___ Yes ___
If yes, for how long? _____
On a scale of 1 - 10, how would you rate your relationship? _____
11. What significant life changes or stressful events have you experienced lately?

FAMILY MENTAL HEALTH HISTORY:

In the section below, identify if there is a family history of any of the following. If yes, please indicate the family member's relationship to you in the space provided:

- 1. Alcohol / Substance Abuse: Yes ____ No ____

- 2. Anxiety: Yes ____ No ____

- 3. Depression: Yes ____ No ____

- 4. Domestic Violence: Yes ____ No ____

- 5. Eating Disorders: Yes ____ No ____

- 6. Obesity: Yes ____ No ____

- 7. Obsessive Compulsive Disorder (OCD): Yes ____ No ____

- 8. Bi-Polar Disorder: Yes ____ No ____

- 9. Schizophrenia: Yes ____ No ____

- 10. Suicide Attempts: Yes ____ No ____

ADDITIONAL INFORMATION:

- 1. Are you currently employed? No ____ Yes ____ If yes, do you enjoy your current employment situation? _____

- 2. Do you consider yourself to be spiritual or religious? No ____ Yes ____
If yes, please describe your faith or belief: _____

- 3. What do you consider to be some of your strengths? _____

- 4. What do you consider to be some of your weaknesses? _____

- 5. Do you have a trauma history? ____ If yes, you do not need to describe at this time unless you would like to. _____

- 7. Is there anything else you would like me to know at this time? _____
