Ross Lents, LPC, LLC
2301 W I-44 Service Rd, 3rd Floor
Oklahoma City, OK 73112

Date: _____

Background Information

Last Name: _____ First Name: _____ MI: ____

DOB: ___/___/___ Age: ____ Sex: ☐M ☐F Ethnicity _____

Marital Status: ☐Single ☐Married ☐Separated ☐Divorced ☐Widowed

Address: _____

City: _____ State: ____ Zip: _____

Work Phone:_____ Cell Phone:_____

E-mail_____

Check if we can leave a message on your: ☐Home phone ☐Work Phone ☐Cell Phone

Please check if you would like email and/or text message reminders: ☐Text message ☐ Email

EMERGENCY CONTACT
(If client is under 18 or under legal guardianship, list Parent/Guardian)

Last Name: _____ First Name: _____ MI: ___

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: _____ Work/Other Phone: _____ Relationship: _____

HEALTH CARE RESOURCES

☐ Private Insurance (complete information below) ☐ None/Private Pay

Insurance Company_____

Phone number to verify benefits_____

Primary Insured_____

Primary Birth Date_____

Primary Employer_____

I.D.# (please provide SS# of sponsor if Tricare)_____

Policy #_____

Group #_____

(Con't on next page)

Current Living Situation and Family History

Living Situation ☐ Alone ☐ w/Significant Other ☐ w/ family
☐ Other: _____ Number of Persons in Home: _____

CHILDREN (if applicable) (use back if needed)

Last Name: _____, First _____, MI ___ Age __ ☐ Male ☐ Female

Last Name: _____, First _____, MI ___ Age __ ☐ Male ☐ Female

Last Name: _____, First _____, MI ___ Age __ ☐ Male ☐ Female

OTHERS LIVING IN HOME (use back if needed)

Name: _____ Relationship to Client: _____

Name: _____ Relationship to Client: _____

Presenting Problem/History of Presenting Problem

Who referred you? _____

Please write a couple of sentences concerning the reason for your request of services.

_____

Please check your employment status ☐ Full-time ☐ Part-Time ☐ Unemployed ☐ Not in Labor Force

If employed, who is your employer?
_____

What is the highest level of education you have received?_____

In the past 60 days, how many days have you missed work/school due to the presenting problem? ____

Have you served in the military? ☐ Y ☐ N If so what is your current status? _____

Are you currently using tobacco products? ☐ Y ☐ N If so, please describe your use.
_____

How many days have you used tobacco in the past 30 days?____

Are you currently using alcohol? ☐ Y ☐ N If so, please describe your use. _____

Are you currently using other substances? ☐ Y ☐ N ☐ It's complicated If so, please describe your use.

_____

Have you ever experienced (check all that apply): ☐ Physical Abuse, ☐ Emotional / Verbal Abuse, ☐ Sexual Abuse / Molestation / Sexual Misconduct, ☐ Neglect, ☐ I would rather not answer these

Have you ever had thoughts of suicide? ☐ Yes ☐ No

If yes, identify month & year of latest thought(s) _____

Have you ever attempted suicide? ☐ Yes ☐ No

If yes, identify month & year of attempt(s) _____

Medical

Are you currently under the care of a physician for medical problems/medication? ☐ Yes ☐ No

If yes, describe: _____

_____

Physician Name: _____ Phone: _____

Address: _____ City, State, Zip: _____

Are you currently taking medications? ☐ Yes ☐ No

If yes, list those you are currently taking (use back if needed):

Medication	Strength & Dosage	Length Taken	Purpose & Side Effects
☐ _____	_____	_____	_____
☐ _____	_____	_____	_____
☐ _____	_____	_____	_____

Please list any allergies:_____

Are you currently receiving behavioral/mental health services elsewhere? ☐ Yes ☐ No

If yes, provide the following:

Date	Type*	Where	Purpose/Diagnosis
_____	_____	_____	_____

* out-patient, group, etc.

(Con't on next page)

Have you received behavioral/mental health services in the past? ☐ Yes ☐ No

If yes, provide the following (use back if needed):

Date	Type*	Where	Purpose/Diagnosis
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please include any other information you feel is important for your therapist to know.

What are your goals for counseling?

_____ _____
Signature Date

_____ _____
Therapist Signature Date