Alycia Williams, MS, LPC

Confidential Information Form

Last Name: _____ First Name: _____

DOB: _____ Gender: _____Relationship Status: _____

Address: _____

City/State: _____ Zip: _____ Email: _____

Phone: _____ Occupation/Employer : _____

Spouse or Partner:

Last Name: _____ First Name: _____

DOB: _____ Gender: _____Relationship Status: _____

Address: (if different than above)_____

City/State: _____ Zip: _____ Email: _____

Phone: _____ Occupation/Employer : _____

Children: (List all children by all marriages whether living at home or not)

Name Sex Age Living at home?

_____
_____
_____
_____
_____
_____

In what way may I assist you? Circle concerns and then describe below:

Conflict infidelity communication sexual desire sexual performance

depression anxiety stress self-esteem gender/sexual identity sexual interest/kink

_____
_____

List any recent stressful events or changes that have occurred in the last year (health issues, death of friend or relative, marriage, birth, divorce, change in work, school residence or church, etc.)

_____
_____

Have you been in counseling previously? Y N When? _____ How Long? _____
How did you hear about our services? Internet search _____Friend/Family Member _____
Physician referral _____ Advertising/Media _____Other _____

Medical History

Please list any significant illnesses, hospitalizations,

or previous mental health diagnoses. List current medications Physician

_____
_____
_____

Do you have any current or past concerns with any of the following issues: (if so, please describe treatment received):

Drug/Alcohol use or abuse
_____

Self-harming behaviors (including suicidal threats/attempts)
_____

Who may I contact in case of emergency? _____ Phone _____

I have received and read:

_____(Initials) The Description of Counseling, State of Confidentiality

_____(Initials) Notice of Privacy Practices and Fee Policy Statements

I consent to and authorize Alycia Williams, MS, LPC to provide counseling services.

_____ _____

Client Signature Date

_____ _____

Client Signature (or parent/guardian if client is minor) Date