

Robert Jackman, LCPC

The following information is kept confidential: It will not be released to any other party without your specific written permission.

Name		Date
Address		
City	State	Zip
Approved phone #:		Approved email:
How did you hear about me?		
Date of birth	Age	SS#
Relationship status <input type="checkbox"/> Single <input type="checkbox"/> Dating <input type="checkbox"/> Significant Other <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Years
The most important people in your life, relationship and stress level (1 = low stress to 10 = high stress)		
Name	Relationship	Stress level
Name	Relationship	Stress level
Name	Relationship	Stress level
Name	Relationship	Stress level
Name	Relationship	Stress level
Employer		Job Title
Why are you seeking counseling?		

Stress in your life (1 = low stress to 10 = high stress, note any key points for discussion)			
Relationship related stress		Work related stress	
Family related stress		Financial related stress	
Health related stress		Traumatic event related stress	
Legal issue related stress		Addiction related stress	
Health status and any medications related to mental health			
How many hours per day do you spend on social media? Under 30 mins ____ Up to an hour ____ Up to 2 hours ____ More than that ____			
Describe if your family has a history of mental illness or substance abuse / dependence. If so, provide brief details			
Legal Issues (past or present, including DUIs)			

Confidential Mind and Body Checklist

Circle the number for any current issues you are facing, and place an X next to any past issues.

1. Fatigue and exhaustion	2. Problems with memory
3. PMS	4. Mind wandering
5. Allergies	6. Mind racing
7. Mind confusion	8. Obsessive thoughts or worry
9. Headaches and / or migraines	10. Anorexia
11. Mood swings (happy then sad)	12. Bulimia
13. Anger (rage, explosive anger)	14. Overeating
15. Supersensitive (cry at anything)	16. Lack of sexual arousal
17. Depression	18. Inability to orgasm
19. Food cravings	20. Unable to maintain erection
21. Feeling out of control	22. Unable to ejaculate
23. Wondering what others are thinking	24. Sexual related infections
25. Monitor or control others behavior	26. Jaw grinding at night
27. Hopeless or helpless feeling	28. Poor or interrupted sleep
29. Suicidal thoughts or feelings	30. Low or high blood pressure
31. Homicidal thoughts or feelings	32. Carry tension in shoulders
33. Joint / muscle aches	34. Carry tension in < >
35. Irritable bowel	36. Body trauma / accidents / fights
37. Racing heart related to anxiety	38. Addicted to pornography
39. Panic attacks	40. Addicted to spending < >