

Betty Deere, MA, LCSW

DEERE HOLISTIC PSYCHOTHERAPY

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HISTORY AND INFORMATION

NAME _____ **DOB** _____ **Age** _____

PH _____ **Wk Ph** _____ **Cell** _____ **Email** _____

ADDRESS _____

Can You Be Called at Home? _____ **Referred By** _____

Employed? _____ **Employer?** _____ **How long?** _____

Spouse/Partner's Employment _____ **How long?** _____

Insurance: _____ **Id#** _____ **CoPay** _____ **SSN** _____

FAMILY HISTORY

Married/Live-In Partner/Friend _____ **How long?** _____

Divorced? _____ **How long?** _____ **Widowed?** _____ **How long?** _____ **Live alone?** _____

Children/Other Live-In Family: **Name** **Sex** **Age**

COUNSELING HISTORY **For What?** **By Whom?** **Helped?** **Date**

HEALTH: Your current state? Good ___ O.K. ___ Bad ___ PCP _____

MEDICATIONS: **For What?** **Doctor**

Other Drugs? _____ **MJ?** _____ **How Much/Often?** _____

Alcohol? Y___N___ How much/often?
Coffee? Y___N___ How much/often?
Sleep well? Y___N___ Take medication to sleep? What? How Much/often?
Exercise? Y___N___ How much/often?
Fast Food? Y___N___ Daily?
Sugar? Y___N___ How much/often? What?
Smoke: Y___N___ How much/often?
Eating disorder? Y___N___
Gamble? Y___N___ How much/often?
Meditate/pray? Y___N___ How often? _____ Spiritual/Not Religious? _____
Pets? Y___N___ How many?

Is there a family history of addictions? If so, who and what?
Is there a family history of psychological illness? If so, who and what?

SOCIAL/PERSONAL HISTORY (Use back of page if needed)

What are your personal interests/clubs/hobbies?

Who do you turn to for support?

What do you consider to be your strengths?

What do you consider to be your weaknesses?

What is your presenting problem for counseling? What triggered this event? (Use back if needed)

What *specifically* do you want to achieve from counseling? (THINK CAREFULLY ABOUT THIS ANSWER!)

How do you see me helping you achieve that?

I understand PAYMENT is expected on the day of service unless prior arrangements have been made. If my insurance company declines payment for some reason, I understand I am responsible for the charges.

Name _____

Date _____