

# HealingBear Wellness LLC

308 E. Simpson St., Suite 100    Lafayette, CO 80026    512-740-4621    bairheatherm@gmail.com

## Confidential Client Information

I want to make the most of each appointment you have with me. One way of doing this is for you to write down some basic information. Please fill out the following as completely and legibly as possible. This information is confidential. If you have concerns about the relevance of any information and wish to leave it out, please feel free to do so.

Your complete name: \_\_\_\_\_

Child's complete name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Home phone: \_\_\_\_\_ Daytime number: \_\_\_\_\_

How did you hear about HealingBear Wellness LLC? \_\_\_\_\_

Child's Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Education (current grade): \_\_\_\_\_

Person to alert in the event of medical emergency: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Your relationship status (circle one):    Single    Married    Partnered    Separated    Divorced    Widowed

Spouse/partner's name: \_\_\_\_\_ Age: \_\_\_\_ Years in relationship: \_\_\_\_

Children (gender, age): \_\_\_\_\_  
\_\_\_\_\_

Who does child/children live with: \_\_\_\_\_

Please describe any significant current or past medical problems for your child:

---

---

---

Please list any medications your child currently takes. Include prescription and over-the-counter medications and the dosage of each.

---

---

---

---

Has your child had previous psychological care or counseling? \_\_\_\_ Yes \_\_\_\_ No

If yes, please give the name of the clinician(s), the months you saw them (e.g., Nov 06 - Feb 07), and the nature of the difficulty at the time.

---

---

---

---

Has your child ever been hospitalized for a psychological difficulty? \_\_\_\_ Yes \_\_\_\_ No

If yes, please give the dates and the nature of the difficulty at the time:

---

---

---

---

In your own words, what is the nature of the concern that you wish to address in therapy? Feel free to describe this in as much or as little detail as you wish. Use additional paper if you like.

---

---

---

---

---

Therapy can be a powerful force for change. In order for it to be most effective it helps to have a clear and specific goal. You may find it difficult to express your hopes for therapy in the form of a goal, but please make at least an initial effort. You can discuss this further with your therapist. Feel free to list more than one goal if you wish.

---

---

---

---

---