

**V. David Weiss, M.S., LPC**

2850 West Clay, Suite 255  
St. Charles, MO 63301

Welcome! I am glad you are here. Please take a moment to supply the following information to the best of your ability.

**Today's Date:** \_\_\_\_\_

**Basic Information:**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ Gender:  Male  Female

Marital Status:  Single  Married  Separated  Divorced  Widowed

Home Phone \_\_\_\_\_ May we leave a message? Yes  No

Cell Phone \_\_\_\_\_ May we leave a message? Yes  No

Work Phone \_\_\_\_\_ May we leave a message? Yes  No

E-mail: \_\_\_\_\_ May we email you? Yes  No   
(Optional)

**Household Information**

Please list all people living in your household and other important family members that have influence in your life. (i.e. parent, sibling, children, spouse, aunt, etc.)

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship to You \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship to You \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship to You \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship to You \_\_\_\_\_

**Employment Information:**

Employment Status: \_\_\_\_\_ Occupation \_\_\_\_\_  
(Full-Time, Part-Time, Unemployed, Retired, Student, Other)

Rate your satisfaction with your current job/career \_\_\_\_\_  
(0-totally unsatisfied, 10-extremely satisfied)

**Health Information:**

How would you rate your current physical health?

Excellent  Very Good  Average  Poor  Very Poor

Please list all previous and current medical conditions.  
(Use back of form if needed)

---

---

Please list all prescription medications and herbal supplements that you are taking.  
(Use back of form if needed)

---

---

Do you drink alcohol? Yes  No  If so, how many times per week? \_\_\_\_\_

Do you use recreational drugs? Yes  No  If so, how many times per week? \_\_\_\_\_

Do you exercise regularly? Yes  No  If so, how many times per week? \_\_\_\_\_

Are you currently experiencing any sleep problems? Yes  No

Please explain \_\_\_\_\_

Have you previously received any type of mental health services (psychotherapy, counseling, psychiatric services, hospitalization)? Yes  No

If so, please provide the following information.

Counselor/Practitioner \_\_\_\_\_ Duration of treatment? \_\_\_\_\_

Last seen? \_\_\_\_\_ Reason for seeking services? \_\_\_\_\_

Counselor/Practitioner \_\_\_\_\_ Duration of treatment? \_\_\_\_\_

Last seen? \_\_\_\_\_ Reason for seeking services? \_\_\_\_\_

**Current Issues:**

Please circle all of the current symptoms/problems that you are currently experiencing.

- |                      |                         |                        |
|----------------------|-------------------------|------------------------|
| Job/Career Issues    | Relationship Issues     | Recent Loss/Death      |
| Suicidal Thoughts    | Domestic Violence       | Parenting Problems     |
| Anger                | Drug/Alcohol Use        | Spiritual/Faith Issues |
| Marriage Issues      | Anxiety                 | Panic Attacks          |
| School Problems      | Stress                  | Obsessive Thoughts     |
| Eating Disorder      | Feeling Overwhelmed     | Mood Swings            |
| Compulsive Behaviors | Excessive Worry         | Family Problems        |
| Emotional Eating     | Weight Issues           | Pornography            |
| Feeling Hopeless     | Blended Family Issues   | Excessive Fears        |
| Sleep Problems       | Life Transitions Issues | Self-Harm              |
| Post-Divorce Issues  | Low Self-Esteem         | Depression             |
| Trauma/Abuse         | Excessive Guilt         | Negative Attitude      |
| Sexual Issues        | Physical Problems       | End of Life Issues     |

What do you consider some of your personal strengths and weaknesses in dealing with the above issues?

---

---

What do you expect to accomplish as a result of your time in counseling?

---

---

**Emergency Contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Referred by:** (if any) \_\_\_\_\_