Teresa Heesacker Counseling
Teresa Heesacker, MASF, MCFC, LPC, RPT
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Adult Client Interview

Client's full name: _____ Today's Date: _____

Date of birth: _____ Age: _____ Gender: _____ Marital Status': _____

If married, widowed, divorced or re-married, please provide dates: _____

_____

Address: _____

_____

Phone: _____ E-mail address _____

Preferred method of contact (phone, text, e-mail): _____ Okay to leave a message? _____

Employer, City and phone: _____

Partner's full name (if applicable): _____

Date of birth: _____ Age: _____ Gender: _____ Marital Status': _____

If married, widowed divorced or re-married, please provide dates: _____

_____

Address: _____

_____

Phone: _____ E-mail address _____

Preferred method of contact (phone, text, e-mail): _____ Okay to leave a message? _____

Employer, City and phone: _____

Person/organiza. on referring you to Teresa Heesacker Counseling: _____

People (and pets) living in the home, date of birth, relationship to client:

_____

_____

_____

_____

Emergency Contact and relationship to client: _____

_____

Primary care physician and contact information: _____

_____

Date and reason for last visit to primary care doctor: _____

Any allergies: _____

What happens when you have a reaction?_____

Any medicati ons: _____

_____

Any current or prior medical diagnosis, surgeries or illnesses you want me to know about? _____

_____

_____

Any history involving a head injury? _____

Any mental health history in extended family? _____

_____

Any past or current thoughts of harming self or others? _____

How is your over all health? _____

Stress level: _____

Exercise: _____

Sleep hours / quality: _____

Nutrition: _____

Social network / Activities _____

Is spirituality important to you? _____

Nico ne or marijuana use? _____

Alcohol use? _____

Street drug use? _____

Sexually active? If yes, comfort with your sexuality? _____

What brought you in today? _____

_____

What are your current symptoms: _____

_____

_____

Have you ever experienced this before? If yes, when and circumstance: _____

_____

What makes it worse? _____

_____

What makes it better: _____

_____

Have you seen a professional before about this issue? If yes, dates and provider: _____

_____

How was that experience for you? _____

What are your hopes or goals for our time together? _____

_____

_____

Thank you for sharing. This information will be kept confidential. I look forward to working with you, *Teresa*