Wind River Counseling, LLC
123 E. Powell Blvd. Suite 306
Gresham, OR 97030
971-678-0501

Client Information

Date ________________ Address______________________________

Name ___________________________ City _________________________________

DOB ________________ Age ________________ State and Zip __________________________

Gender M F

Phone _________________ Referred by ____________________________

Please describe the concerns that brought you here ____________________________________

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____

Do you have trouble sleeping? Y N

Have you gained or lost weight without trying in the last six months? Y N

Are you concerned about any of the following?

- O Agression
- O Anxiety/Worry
- O Fatigue
- O Wide mood swings
- O Stress
- O Work/School problems
- O Self/Other harm
- O Loneliness
- O Hallucinations/Hearing voices

Are your concerns affecting any of the following?

- O Finances
- O Health
- O Managing everyday tasks
- O Relationships
- O Legal issues

Have you ever had thoughts, made statements, or attempted to hurt yourself or someone else?
Y N

Have you ever experienced any of the following?

- O Crime Victim
- O Emotional Abuse
- O Physical Abuse
- O Sexual Abuse
- O Homelessness
- O Life Threatening Illness
- O Domestic Violence
- O Neglect

Please list family members:

Name	Relationship	Age	Quality of Relationship
____________	____________	______	__________________________________
____________	____________	______	__________________________________
____________	____________	______	__________________________________
_____________	____________	______	__________________________________

Are you currently:

O Single

O Married: How Long? ____________________

O Divorced: How Long?____________________

Are you currently employed? Y N How Long? _________________________

Do you have a religious affiliation? ______________________________________

Do you have any current medical concerns? Y N, if so, please list_____________________________

____

List current medications ____

Do you currently use any substances (alcohol/drugs) Y N