

## D'Elia Family Solutions Counseling & Coaching

Information Form Each adult must fill out an information form prior to beginning therapy.

Date:

Name:

Date of birth:

Address:

City/State/Zip Code:

E-Mail Address: \_\_\_\_\_

Home number: \_\_\_\_\_

Is it ok to leave a message at this number?     Yes     No

Mobile Number: \_\_\_\_\_

Is it ok to leave a message at this number?     Yes     No

Is it ok to text message this number?     Yes     No

Preferred Number to use?    Home    Mobile

Appointment reminders will be given approximately 36 hours in advance for the first month of treatment. What is your preferred message for reminder?

Text Message     E-Mail     Both

How did you hear about Lori D'Elia, MA, LMFT?

Are you currently experiencing thoughts where you want to harm/kill yourself?

Yes     No

Are you currently experiencing thoughts where you want to harm/kill others?

Yes     No

Are you currently in therapy with another therapist?     Yes     No

If yes, please list name and number:

Please list the medications that you are on and the prescribing physician:

Medication

Reason For Taking

Physician

1.

2.

3.

4.

5.

6.

7.

8.

9.

Can you briefly describe what is going on that brings you to therapy?

How will you know if therapy has been successful?

What needs to change in order for therapy to be successful?

Do you have any history of drug and alcohol abuse? Yes No

If yes, please explain:

Do you have any history of sexual or physical trauma? Yes No

