

NANCE REYNOLDS LCSW, RN

Client Information

INSIGHT THERAPY
LCS # L4589

Date of Initial Session

PSYCHOTHERAPY FOR INDIVIDUALS AND COUPLES
503.735.5994 www.nancereynolds.com

CONTACT INFORMATION

NAME _____ DOB _____ PLACE OF BIRTH _____
STREET ADDRESS _____ CITY _____ STATE _____ POSTAL CODE _____

HOME PHONE _____ CELL PHONE _____

IS IT OK TO CALL THESE NUMBERS AND LEAVE A MESSAGE ?

EMERGENCY CONTACT NAME AND PHONE NUMBER _____

GENDER- CHECK AS MANY AS APPROPRIATE

FEMALE
MALE
TRANSGENDER
M TO F
F TO M
OTHER _____

HOW DO YOU SELF IDENTIFY?

BISEXUAL
GAY
HETEROSEXUAL/STRAIGHT
QUEER
NOT SURE

CURRENT RELATIONSHIP STATUS

SINGLE
MARRIED
DOMESTIC PARTNERSHIP
PARTNERED
SEPARATED
DIVORCED
INVOLVED WITH MULTIPLE PARTNERS
OTHER

CURRENT REASON FOR SEEKING THERAPY ?

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HAVE YOU PREVIOUSLY BEEN IN PSYCHOTHERAPY ? IF YES PLEASE PROVIDE DETAILS.

WHAT DO YOU CONSIDER YOUR MAIN STRENGTHS TO BE ?

WHAT ARE YOUR MAIN CHALLENGES PRESENTLY ?

ARE YOU CURRENTLY TAKING ANY MEDICATIONS ? IF YES PLEASE LIST.

PLEASE LIST ALCOHOL AND DRUG USE ; SUBSTANCE, FREQUENCY AND AMOUNT.

DO YOU HAVE PREVIOUS SUICIDE ATTEMPTS, SELF DESTRUCTIVE OR VIOLENT BEHAVIORS ?

PLEASE ADD ANY INFORMATION THAT MAY BE HELPFUL TO OUR WORK TOGETHER.

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