

Betty Deere, MA, LCSW
DEERE HOLISTIC PSYCHOTHERAPY
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HISTORY AND INFORMATION

DATE _____

NAME _____ DOB _____ Age _____ Gender _____

PH _____ Wk Ph _____ Cell _____ Email _____

ADDRESS _____

Can you be contacted at all the at above information sites? _____ Text? _____

Were you referred by someone? _____

Employed? _____ Employer? _____ How long? _____

Spouse/Partner's employment _____ How long? _____

Marital Status/History: Married? _____ How long? _____ Separated? _____

Divorced? _____ how long? _____ # of times? _____ If priors, list each _____

Domestic partner? _____ Never married? _____ Live alone? _____ W/parents? _____

FAMILY HISTORY

<u>Children/Other Live-In Family:</u>	<u>Name</u>	<u>Sex</u>
<u>Ages</u>		

Both parents alive? _____ Still married? _____ Divorced? _____ Your age when parents

divorced? _____ Stepparents? _____ Siblings? _____ Yr place in sibling

lineup _____ Satisfactory to you? _____
COUNSELING HISTORY For What? By Whom? Dates

- 1.
- 2.

HEALTH: Current state? Good ___ O.K. ___ Bad ___ Illness? _____

MEDICATIONS:	For What?	Doctor
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

Other Drugs? _____ MJ? _____ How Much/Often? _____

Alcohol? Y ___ N ___ How much/often?
Coffee? Y ___ N ___ How much/often?
Sleep well? Y ___ N ___ Take medication to sleep? What? How Much/often?
EXERCISE? Y ___ N ___ How much/often?
Fast Food? Y ___ N ___ Daily?
Sugar? Y ___ N ___ How much/often? What form?
Smoke: Y ___ N ___ How much/often?
Eating Too Much? Y ___ N ___
Gamble? Y ___ N ___ How much/often?
Meditate/pray? Y ___ N ___ Religious? ___ Spiritual? ___ Agnostic? ___ Spiritual but not-religious? ___
Pets? Y ___ N ___ How many? ___ What?

EXTENDED FAMILY HISTORY: Is there a family history of addictions? If so, who and what addiction? (use back of page if needed with all following questions)

Is there a family history of psychological illness? If so, who and what?

Is there a family history of abuse (emotional, mental, physical, sexual) present in your family? Who and what kind of abuse?

SOCIAL/PERSONAL HISTORY (Use back of page if needed) (Important!!!)

What are your personal interests/clubs/hobbies? What do you enjoy doing?

Who do you turn to for support?

What do you consider to be your strengths?

What do you consider to be your weaknesses?

What is your presenting problem for counseling? What triggered this event?

What have you done before to try to resolve your issues? What has or hasn't worked?

What *specifically* do you want to achieve or to happen from counseling? How would your life look different tomorrow if these issues were resolved? Your Goals?

Do you realize that counseling is rather a coaching event and *your participation* is totally required? Betty Deere listens and watches you play and assists you recognize your unhelpful/damaging behaviors. You are responsible for working the answers and information she shares from her training/experience; she doesn't change the client. The healthy changes come from within the client(s).

How do you see yourself participating in that type counseling to achieve your goals?

Name _____

Date _____