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Client's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\*Please indicate the best number to reach you at or best way to contact you \_\_\_\_\_

Can I leave a message identifying who I am? Yes No \_\_\_\_\_

Work Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Sex: *Male Female* Ethnicity: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Marital status (circle all that apply): *Single Engaged Living together Married Separated*  
*Divorced Widowed* \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ Spouse's Employer: \_\_\_\_\_

E-mail: \_\_\_\_\_ Referred by: \_\_\_\_\_

<u>Names of Children:</u>	<u>Age</u>	<u>Gender</u>	<u>Living w/ you?</u>	<u>Comments:</u>
_____	_____	M F	Yes No	_____
_____	_____	M F	Yes No	_____
_____	_____	M F	Yes No	_____

Briefly state your reason for seeking counseling at this time:

Have you or a family member ever been seen by a mental health professional before?  
Yes No If yes, please indicate who, when and why:

Do you regularly practice relaxation techniques (e.g. meditation, yoga, Tai Chi)? Yes No

If yes, what and how often? \_\_\_\_\_

How often do you get 20 minutes or more of exercise? \_\_\_\_\_

Do you smoke? If so, how much each day? \_\_\_\_\_

How much alcohol do you usually drink? \_\_\_\_\_

Do you use "recreational" drugs? Yes No If yes, what and how often? \_\_\_\_\_

Who is your primary physician?

Phone #:

Please list any troublesome or significant medical conditions you may have.

Please list your current medications (Prescription & Non-Prescription):

<u>Drug</u>	<u>Dose</u>	<u>Frequency</u>	<u>When Started</u>	<u>For what symptom(s)</u>	<u>Prescribing Doctor</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Who is in your social support network?**

Who should be notified in case of emergency?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_