

**Janey Marks, M.A., L.P.C.  
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Austin, Texas 78701  
512-619-8238**

**Contact Information**

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Is it okay to leave a voice mail at this number? **Y N** Okay to text to this number? **Y N**

E-mail \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to you \_\_\_\_\_

How were you referred to me? \_\_\_\_\_

**Description of presenting problem**

Please describe what brought you into counseling \_\_\_\_\_  
\_\_\_\_\_

How long has this been a significant problem for you?  
\_\_\_\_\_  
\_\_\_\_\_

In the past, what has been helpful to you in dealing with this problem?  
\_\_\_\_\_  
\_\_\_\_\_

How would you estimate the severity of the problem at this time?

Mild                  Moderate                  Serious                  Severe

Do you feel that you are/have been at risk of hurting yourself at this time or in the past?

Never                      Sometimes                      Definitely                      Always

Have you ever been in counseling/therapy before?   Y   N

If so, please say how that experience was for you \_\_\_\_\_

## Medical History

Please list any significant past or current health, medical or psychiatric issues (including anything resembling hospitalizations)

Dates	Problem and Treatment	Hospitalized (Y/N)	How Long
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Medications and Substances Used

Medication	Dosage	Person Prescribing	For How Long	Helpful
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

How many alcoholic beverages would you say you consume in a typical week? \_\_\_\_\_

Is this a problem for you? \_\_\_\_\_

If applicable, other substances used (including amount and frequency)

\_\_\_\_\_

**Relationships/Family Information**

Are you: single \_\_\_\_\_ married \_\_\_\_\_ living together \_\_\_\_\_

Children Y N

Ages \_\_\_\_\_

If you are in a relationship, would you describe this relationship as supportive? Y N

How would you describe your relationship with your family of origin? (i.e. – your “growing up family” )

\_\_\_\_\_  
\_\_\_\_\_

Are your parents still living \_\_\_\_\_

Siblings \_\_\_\_\_

Is there anything else you feel would be important in helping counseling be most effective for you?

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_