**Lauren Reiter LCSW**

**708 Paluxy Rd, Suite I**

**Granbury, TX. 76048**

**(817) 770-0470**

**PERSONAL INFORMATION**

 Please complete information as fully and accurately as you can. This information informs and guides the counseling process. Please ask for help, if needed. If information does not apply, please draw a line through it. If you become distressed while completing this form, please stop, and bring the document with you to the first session, we can complete it together. This information is strictly confidential.

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last First MI

Primary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell/Home | May I Call: yes/no | Message: yes/no)

Secondary Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell/Home | May I Call: yes/no | Message: yes/no)

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Work/Home | May I Email: yes/no)

Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ . Street Apt# City State Zip

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How Long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: Male\_\_\_\_ Female\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Relationship Phone

Are you currently in counseling elsewhere? No\_\_\_\_\_ Yes\_\_\_\_\_

If yes, are you looking for adjunct EMDR Therapy? Please list the name and contact information for your therapist:

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

How did you hear about Lauren Reiter LCSW?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COUNSELING GOALS**

Please list up to 5 specific areas of concern that bring you to counseling. When did these concerns begin (note age or timeframe)? How frequent do they affect you (0-rarely…7-daily)? How upsetting they are to you when they occur (0-minimal....10-highly distressing)?

 1)

 2)

3)

 4)

 5)

 What have you done to address the areas of concern listed above? Please not if these efforts have been helpful (H), unhelpful (U), or incomplete (I):

 What, if any, cost has been associated with your attempts? In the form of time, money, energy, relationships, pain, etc…

 What prompts you to seek counseling now?

 What would you like to gain from your counseling experience?