

Dragonfly Counseling
8905 Regents Park Drive, Suite 230
Tampa, FL 33647 (813) 541-6619

Welcome to Dragonfly Counseling. The information provided in this form will help me to meet your needs.

Describe what brought you here today.

Personal Information

First Name: _____ Last Name: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ E-Mail: _____
Primary Contact #: Home Cell May I Leave a Message? Yes No
Age: _____ Date of Birth: _____ Sex: M F Race: _____
Marital Status: _____ Occupation: _____ Employer: _____

Emergency Contact Information

Name: _____ Relationship: _____ Phone: _____

Family Composition/Significant Others

Name	Relationship	Age	Living With You?	
			Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No

Religious Orientation (If Any). _____

Are You Currently Active In Religious Practice? Yes No

List any Major Medical Issues.

List any Medications you are currently taking (including over-the-counter medications).

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When did you last see a Doctor or Psychiatrist? _____

Reason for visit.

Do you have any legal issues pending? Yes No

Do you now, or have you ever struggled with feeling depressed? Yes No

Do you feel suicidal now? Yes No

Have you ever attempted suicide? Yes No

Have you ever been hospitalized for Mental Health Treatment before? Yes No

If yes, when, where and for what purpose?

Have you ever been to counseling before? Yes No

If yes, when, where and for what purpose?

On average, how many hours of sleep do you get each night? _____

Does anyone in your family have problems with: Drugs or Alcohol Mental Illness

If so, who? Father Mother Sibling Other

Describe anything else you think I need to know.

For Couples

Spouse's Name: _____ Phone: _____ Age: _____

Occupation: _____ Employer: _____

How did you hear about Dragonfly Counseling?

Internet Counselor/Referral Friend Other