Kathryn A. Kelley, M.A., NCC, LCPC
Post Office Box 7117
Helena, Montana 59604-7117

(406) 227-6760
fax: (406) 227-6790
www.kelleyinstitute.com

Welcome. So that I may better serve you, please complete the following information. All information is kept strictly confidential.

Please complete all questions: ***Date:*** _____

Name: _____

Home Phone: _____ ***Cell Phone*** _____ ***e-mail***_____

Address: _____ ***City***_____ ***State***_____ ***Zip***_____

Date of Birth:_____ ***Age***_____ ***Occupation*** _____

Work Phone: _____ ***Okay to call you at work? (yes) (no)***

Physician _____ ***Address***_____

May I thank someone for referring you?_____

Brief History:
Please circle (Y) for "yes" and (N) for "no" for any of the following which may apply to you or an immediate family member NOW OR IN THE PAST:

Y	***N***	***Anemia or blood disorder***	***Y***	***N***	***Drug/Alcohol dependency***
Y	***N***	***Heart disease or attack***	***Y***	***N***	***Cancer***
Y	***N***	***High Blood Pressure***	***Y***	***N***	***Cigarette Smoking***
Y	***N***	***Stroke***	***Y***	***N***	***Headaches***
Y	***N***	***Menopause***	***Y***	***N***	***Fainting***
Y	***N***	***Epilepsy or seizures***	***Y***	***N***	***Depression***
Y	***N***	***Digestive Disorders***	***Y***	***N***	***Anxiety***
Y	***N***	***Thyroid disease***	***Y***	***N***	***Psychotic event***
Y	***N***	***Ulcers***	***Y***	***N***	***Traumatic event***

Most recent medical exam _____ ***Purpose***_____

Should I be aware of any other problems related to your physical/emotional well-being?

_____

What prescription or non-prescription drugs, medications or supplements are you taking at this time?_____

_____

_____

_____

Family members and others now in your household: (name, relationship, age) _____

_____

_____

_____

Original family members (mother, father, sisters, brothers, age or deceased) _____

_____

_____

_____

Have you been seen by a counselor before? _____

When? _____ ***What was your experience?***_____

_____

What concerns do you have at this time? _____

_____

_____

These things are important to me about my mental/emotional health at this time: _____

_____

_____

_____