

Loudoun Family & Relationship Counseling

Name _____ partner _____

Other family members _____

Address: _____

Phone _____ EMAIL _____

DOB _____ SOCIAL SECURITY LAST 4 _____

Previous mental health counseling _____

Drug and alcohol
history _____

Past History of sexual or physical abuse _____

I am seeking counseling now
because _____

My goals for
counseling _____

Current medications _____

Last physical
exam _____ Physician _____

Emergency contact _____