

The Counseling Office of Kate Hald LPC,  
300 East Willis, Suite 300- D  
Prescott, AZ 86301

Personal Information Sheet

Name \_\_\_\_\_ Date \_\_\_\_\_

Local Address \_\_\_\_\_

Permanent Address \_\_\_\_\_

Phone # where you can be reached for appointment reschedules \_\_\_\_\_

Permanent Phone # \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

- **Optional:** Ethnicity/Nationality: Asian-American\_\_\_ African-American\_\_\_ Anglo-American/White\_\_\_  
Hispanic/Latin American\_\_\_ Native American (specify) \_\_\_\_\_  
Multiracial (specify) \_\_\_\_\_ International (specify country) \_\_\_\_\_
- Current Relationship status: Single\_\_\_ Married\_\_\_ Widowed\_\_\_ Separated\_\_\_ Divorced\_\_\_ Partnered\_\_\_  
Other (specify) \_\_\_\_\_ Spouse/Partner's Name \_\_\_\_\_
- Name, Address, Phone number of Emergency Contact:  
\_\_\_\_\_  
\_\_\_\_\_
- Previous Counseling or Psychiatric Help? Yes\_\_\_ NO\_\_\_  
If yes, name of Doctor or Counselor \_\_\_\_\_ Date Last Seen: \_\_\_\_\_
- Are you currently taking any type of medications? Yes\_\_\_ No\_\_\_  
If yes, list medication, dosage, and date you began medication  
\_\_\_\_\_  
\_\_\_\_\_
- Referral Source Self\_\_\_ Other (specify) \_\_\_\_\_

OVER

**Your answers to the following will be helpful to the counselor working with you.  
This, as well as other information will be kept confidential.**

1. How would you describe your health? (excellent, good, fair, poor)
  - a. Physical health \_\_\_\_\_ b. Emotional health \_\_\_\_\_
  
2. Do you have any current medical concerns? Please list:
   
\_\_\_\_\_
   
\_\_\_\_\_
   
\_\_\_\_\_
  
3. My present concern is: \_\_\_\_\_
   
\_\_\_\_\_
   
\_\_\_\_\_
  
4. When was the last time you felt well, both physically and emotionally, for a sustained period? \_\_\_\_\_

**Please check any of the following concerns that you are currently dealing with:**

Feel isolated		Concerns with living arrangements	
Headaches		Divorce/separation	
Dizziness		Family issues or concerns	
Fainting Spells		Homesick	
Heart Palpitations (rapid breathing)		Concerns regarding your relationship with significant other	
Stomach trouble		Domestic Violence	
No appetite		Don't like weekends/vacations	
Bowel disturbances		Perfectionism	
Fatigue		Unable to have a good time	
Sleep difficulties		Uncomfortable socially	
Nightmares		Difficulty making friends	
Grief or bereavement		Inferiority feelings	
Street drug use		Shy around people	
Alcohol use		Difficulty making decisions	
Feel tense		Unable to be successful	
Feel panicky		Legal concerns	
Feel angry		Concerned about body image	
Tremors		Eating issues (binging, purging, restricting)	
Unable to relax		Gay/lesbian/bisexual issues	
Always worried about something		Gender identity/transgender issues	
Occupational problems		Sexual concerns	
Not attending job		Cultural identity concerns (racism, sexism, etc...)	
Difficulty keeping job		Spiritual/religious concerns	
Academic concerns		Thoughts of harming others	
Not attending school		Low mood/depressed	
Undecided about future		Suicidal thoughts	
Financial problems		Suicidal plan and/or intent	