



Jamie Pedersen

Licensed Professional Clinical Counselor (CA LPC23)

Personal History

Name(s): _____

Issues of Concern

What issues/concerns caused you to seek counseling? _____

What are your specific goals with regard to your counseling? _____

Counseling History

Have you ever sought counseling before? Yes No If yes, when and for how long? _____

What was the focus of counseling? _____

Have you been hospitalized for mental or emotional problems? Yes No If yes, when and for how long?

Have you ever attempted suicide? Yes No If yes, when? _____

Described the circumstances that lead to that attempt: _____

Are you currently having any suicidal thoughts? Yes No If yes, please describe: _____



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Medical History

Have you ever been diagnosed with a serious illness? Yes No

Circle if you have any of the following: Heart Condition Diabetes Cancer Tuberculosis Hepatitis Other

If yes, please describe: _____

Do you have any medical conditions that may affect your mental health treatment? Yes No

If yes, please describe: _____

Are you physically active? Yes No Please describe: _____

Do you have any allergies to medication? Yes No If yes, please describe: _____

What medications are you taking?

Medication	Dosage	Purpose
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you experiencing any medical/physical symptoms you attribute to a mental, emotional, or stress-related condition?

Yes No If yes, please describe: _____

Have you ever been in a recovery/rehab program? Yes No If yes, please describe: _____



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Family History

Mother's Name: _____ Circle: Living Deceased

Describe relationship with mother: _____

Father's Name: _____ Circle: Living Deceased

Describe relationship with father: _____

Names and ages of brothers and sisters (including half and step):

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Were you ever subjected to verbal, physical, emotional, or sexual abuse? Yes No Not sure

If yes, please describe: _____

Have you ever been a victim of a violent crime? Yes No

If yes, please describe: _____



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Please describe your spiritual identity/orientation (optional): _____

[illegible]