



New Client Form

Contact Information:

Date: _____

Name: _____ Phone: _____

Address: _____

City: _____ ST _____ Zip _____

Circle preferred method of contact: Email/Text/Phone Is it okay to leave a message: Yes/No

Emergency

Contact: _____ Relationship: _____ Phone: _____

Employer: _____

Job Title: _____

Who lives in your home with
you: _____

Marital status: _____ (Single, Separated, Married, Divorced, Widowed)

Any known health issues that could be contributing to why you are here today?

How did you hear about our service?

What is your goal for counseling?

What methods have you tried so far? (counseling, medicine, therapy, etc.)

Have you been to a counselor before? What was your experience positive or negative?

What are your hobbies?

What are positive coping skills for you?

When did problem or concern arise?

Describe your concerns or problems in your own words (be brief as possible).

Do you have/or have had a history of any of the following (please circle):

Anxiety Depression OCD ADD or ADHD Suicidal thoughts
Suicide attempts Hear voices See things not there Night Terrors Nightmares
Insomnia Sleep too much Paranoia Phobias Pulling Hair
Eating Disorders Personality disorders

Other: _____

Have you suffered trauma in your past? _____ If yes, explain if you feel it is important to your care _____

Have you suffered recent loss of loved one? If so, what relation:

Nature of death (Please circle as many that apply): Expected Unexpected Suicide Illness
Accident Murder

Other: _____

On a scale of 1 to 10 how much is this loss consuming your thoughts:

What is your support system?

Do you have a religious preference? _____

If you are not a Christian, please know we are Christian Ministry. Is that a problem?

List your three biggest concerns:

- 1.
- 2.
- 3.

List as many as three questions you have for the counselor on your first visit.

- 1.
- 2.
- 3.

TPM believes in a combination of talk therapy and other outlets for feelings such as but not limited to art, music or physical activity. These therapies will be made as suggestions based off of things you might share. The goal is always to create an individual plan for each client.

Tara Powell Ministries, Inc.

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