



Ripley Consulting, Jennifer S. Ripley, Ph.D., LCP

Name \_\_\_\_\_ Today's Date \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

SS# \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender Male Female

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_ Emergency Contact Cell \_\_\_\_\_

Your Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Phone \_\_\_\_\_

Current Marital Status (*check one*) \_\_\_ Single (Never Married) \_\_\_ Married, Years Married: \_\_\_\_\_

\_\_\_ Widowed \_\_\_ Separated \_\_\_ Divorced \_\_\_ Unmarried/Cohabiting Couple

List all of the members of your household, and all others living in your home

Name	Current age	Relationship (spouse, child, etc.)

Please describe what has caused you to seek services?

**Health History**

Primary Care Physician \_\_\_\_\_ Phone \_\_\_\_\_

Date of Last Visit \_\_\_\_\_

Current Health Problems (please list/describe):

List all current medications and dosages:

Do you have any allergies?    Yes    No    If yes, describe \_\_\_\_\_

Regarding eating disorders    \_\_\_Never    \_\_\_Had a problem in the past    \_\_\_Current problem

### Counseling History

Check if you have you had previous psychiatric or psychotherapy services provided to you

\_\_\_ Psychiatric medication    \_\_\_ Psychotherapy or    \_\_\_ Counseling by a Pastoral  
(either by psychiatrist or other    Counseling by a mental health    Counselor or other  
doctor)    provider

If you checked any of these, please describe when you had services and how helpful they were to you.

If you received those services in the past 5 years.

Name of provider: \_\_\_\_\_ Phone: \_\_\_\_\_

### Drug and Alcohol History

Have you ever been diagnosed with a problem with Alcohol or Substance Abuse?    Yes    No

Do you use illegal drugs    Yes    No

Do you drink more than 2 alcoholic drinks in a single sitting (dinner, an evening...)?    Yes    No

### Family History

When you were growing up, would you consider your relationship with your mother to be (circle one)

I did not know my    Extremely difficult    Difficult    Some good, some    Good  
mother    bad

When you were growing up, would you consider your relationship with your father to be (circle one)

I did not know my    Extremely difficult    Difficult    Some good, some    Good  
father    bad

Were you abused as a child?    \_\_\_ verbally    \_\_\_ physically    \_\_\_ sexually    \_\_\_ not at all  
If you were abused, who was your abuser (parent, teacher, neighbor...)?

If you have any concerns about your family of origin, please describe here.

**Employment**

Are you currently employed?    Yes    No

If you have any concerns regarding your employment or job, please describe here.

**Military History**

Have you served in the armed forces?    Yes    No

If yes, dates of service: \_\_\_\_\_

Branch of service: \_\_\_\_\_

Did you ever serve in combat?                      Yes    No

**Legal History**

Do you have any pending legal action or court proceedings?    Yes    No    If yes, explain below.

Are you currently on probation or parole?                      Yes    No    If yes, explain below.

**Spiritual Functioning and History**

Do you consider yourself a religious or spiritual person?                      Yes    No

If yes, what religion do you consider yourself? \_\_\_\_\_

How does spirituality or religion help with your problem/s?

How does spirituality or religion add to your problem/s?