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Welcome!
Introductory Questions

Today's Date:

Name:

Phone:

Home:	OK to leave a message?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Work:	OK to leave a message?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cell:	OK to leave a message?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Email:

Address:

Age: Birthdate:

Gender:

Insurance Company and Policy Number:

Emergency Contact (Name, Address, Phone):

PCP (Doctor): Consent to contact? Yes No

Family constellation [small family tree of immediate relations, including pets you may have]:

<i>Counselor Use Only</i> Dx for Insurance: ----- 1st Session Date: -----
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How did you hear about me? Who referred you?

Reason for coming to therapy:

How do you imagine things can be better for you?

How do you imagine we'll be using the time in our therapy sessions to help you?

Current physical health issues, conditions, limitations – anything affecting your capacity to function and enjoy life as fully as you would wish:

Struggles with Mood? Anxiety? Suicidal thoughts, plans, or actions (pls elaborate)?

Current medications:

Allergies:

Diet:

Exercise:

If you are a couple with children, do you get your 1 hr/wk alone time? Yes No

Sleep (difficulty falling , staying , or getting up):

Past and present drug use – including substances such as alcohol, marijuana, uppers, downers, all-arounders, entheogens, as well as what might be considered “process addictions”, such as internet, working, gambling, sex.

Include type, amount, and frequency:

Socially acceptable drugs:

Nicotine use:

Caffeine consumption:

Sugar consumption:

Past medical issues (significant problems, accidents, hospitalizations):

Existential / circumstantial limitations, challenges, struggles, stressors – such as finances, living situation, legal issues, family, education:

Trauma or abuse, past and/or present – including physical, emotional, verbal, or sexual abuse:

Counseling you have done in the past – and was it helpful or not:

Anything else you think would be helpful for me to know about you and your situation, including what you might consider to be your strengths and/or your personal interests: