

PERSONAL INFORMATION FORM

Please fill out this form as completely as possible. The information will be helpful to me in making the most of the initial "Intro Walk" and will be kept confidential.

Name _____ Date _____
Birthdate _____ Age _____
Permanent Address _____

_____ Cell Phone _____ Hm Phone _____

OK to contact you on cell? Y N Via Email? Y N
Email _____

(My Policy is not to do counseling via email or text)

Are you seeing another counselor/therapist? Y N If so,
please indicate who:

Have you previously received psychological counseling
elsewhere? Y N When and with whom?

Are you currently taking prescribed medication? Y N If so,
what and what for?

Have you ever been prescribed medication for mental health
concern? Y N If so, what? Who is your prescriber?

Are you currently or have you in the past had feelings of
wanting to hurt yourself?

I hereby acknowledge that I have read and understand
Disclosure Statement and Privacy Practices for Mark P.
Timken, LMHCA, PLLC

I have also received a printed copy of the Disclosure Statement, and have been given the opportunity to ask questions.

Signature Date

Printed name

The undersigned answered questions and explained the Disclosure Statement and Privacy Practices of Mark P. Timken, LMHCA, PLLC including the consumer's right to privacy and confidentiality and the circumstances whereby confidentiality must, by law, or will in an emergency be limited.

Counselor Signature Date

Printed Name