



**Willow Ann Rose LPC CHT
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CLIENT QUESTIONNAIRE

The information you provide will be kept confidential as outlined in privacy and confidentiality guidelines set out in state and federal regulations. Please see my “Professional Disclosures” document for summary of these guidelines. Feel free to add any other information you feel may be useful. We will review this information and together, create a plan of services that will best support your personal goals. Please contact me with any concerns prior to completing this questionnaire or ask questions at any point in our work.

Name _____ Birthdate _____ Age _____

Is there a name you prefer I call you? _____

Address _____ City _____ Zip _____

May I send correspondence here? _____

Telephone Numbers _____

Best number for contact? What type of message may I leave?

Local Emergency Contact _____ Phone # _____

Relationship to You? _____

How Were You Referred to Me? _____

If Internet, what site? _____

If using insurance, what is plan name? _____

Email address _____

Describe briefly what brings you to therapy. List symptoms/behaviors/situation(s) most concerning to you.

What are your goals for therapy and how will you know our work is helping?

What nourishes you? What do you do for fun?

Describe your strengths.

Briefly describe your spiritual or religious beliefs or the basic ethical guidelines that inform your life. If you were raised with a different belief system, what was it? Do you engage in a daily meditation, spiritual or prayer practice?

Are you currently in a primary relationship? If so, note duration, and briefly describe the quality of this relationship.

Who lives in your household? (number of people/ages/relationships) Please include animal companions. How do you feel about this arrangement?

Do you have children? Gender/Ages and Where Do They Reside?

How would you describe your circle of friends? In what ways and how often do you connect?

Please list current health concerns, locations of chronic pain and history/ dates for significant accidents, surgeries, illness or medical hospitalizations:

How would you describe your current nutritional choices? Daily caffeine intake?

Describe your sleep:

What kind of exercise do you get? How often?

Do you smoke cigarettes? How many per day?

Please list current Medications/Supplements/Herbal Medicines:

Prescriber(s)

Please list any other health care practitioners, counselors or agencies you are currently working with.

Do you have any history for addictions or alcohol/substance abuse? Describe current use: substance, amount, frequency. If used, include recreational and sacramental medicines.

Have you experienced, or are you currently experiencing: mental, emotional, physical or sexual abuse? Are you a survivor of an armed conflict or natural catastrophe? Please briefly describe as much as you are comfortable at this time.

Previous Counseling? If so, approximate date(s)/ age(s) and briefly describe. Include Psychiatric Hospitalizations and Alcohol/Drug Programs. What was helpful or not helpful about the counselor, method or facility?

Have you ever experienced suicidal thoughts/feelings or actions? Please briefly describe.

Current: Occupation? Previous jobs or vocations? What was your favorite job/activity? Your least favorite? (Consider paid and/or volunteer positions.)

Current daily responsibilities: employment/school/home tasks?

Briefly Describe Your Family of Origin. Please indicate if you have siblings younger or older than yourself; who raised you and where; any relevant cultural/religious factors that particularly informed your upbringing. Also note any family history for addictions or mental illness. Was there a family member you feel or felt the closest to? Least close? Have you experienced loss or death of a significant family member? If so, how old were you?

I may offer or suggest a variety of approaches and modalities to best support your goals. It is essential to me that I offer strategies that honor, respect and support your spiritual, religious, cultural and traditional beliefs. I will also offer specific modalities at your request and if we decide a particular strategy may be of benefit to you. It will always be your choice to decide which modalities you are interested in working with.

Listed below are the basic modality descriptors for the therapeutic pathways I currently offer. There are many varieties of strategies under each of these labels. At this time, please put a check next to the modalities that you would like to engage in or further discuss.

- Psychotherapy
- Transpersonal Soul Guided Hypnotherapy
- Mindfulness/Contemplative Based Practices
- Spirit Path Medicines~Shamanic Practices

Signature _____

Today's Date _____

Print and bring to your session or save as a PDF and email to willow@spirit-well.org

Form Revised 4/2018