

# *North East Counseling, P.A.*

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## **CLIENT INFORMATION**

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone(W) \_\_\_\_\_ (cell) \_\_\_\_\_ (H) \_\_\_\_\_

May I call you at home? \_\_\_\_\_ work? \_\_\_\_\_ May I leave messages? \_\_\_\_\_

Place of employment \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Company \_\_\_\_\_ Name of Insured \_\_\_\_\_

SSN of Insured \_\_\_\_\_ Relation \_\_\_\_\_

Ins. ID # \_\_\_\_\_ Group # \_\_\_\_\_

Marital Status \_\_\_\_\_, Yrs. Married \_\_\_\_\_, Number of previous marriages \_\_\_\_\_

Number and ages of Children \_\_\_\_\_

Current Medications \_\_\_\_\_

Who prescribes them? \_\_\_\_\_

Name of your Primary Doctor \_\_\_\_\_

Do you give me permission to discuss your case with him/her for reasons of continuity of care? Yes No Signature \_\_\_\_\_

**Please describe any history of emotional, behavioral, or psychological problems.**

**Yourself** \_\_\_\_\_

**Partner** \_\_\_\_\_

**Father** \_\_\_\_\_

**Mother** \_\_\_\_\_

**Children** \_\_\_\_\_

**Have you ever been to a therapist before? If yes when and with whom?** \_\_\_\_\_

**Have you ever been hospitalized for mental health reasons? Yes No**

**If so, when and where?** \_\_\_\_\_

**Have you ever been treated for alcohol or substance abuse? Yes No**

**If so, when and where?** \_\_\_\_\_

**Please describe your presenting symptoms and why you are here today?** \_\_\_\_\_

**How is this affecting you now?** \_\_\_\_\_

**My short-term goals are:** \_\_\_\_\_

**My long-term goals are:** \_\_\_\_\_