Michele Freeman, MS, NCC, LPC
Individual, Couples and Family Therapy

Michele Freeman Counseling
354 Greenwood, Ste 212
Bend, OR 97701

Date _____

First Name _____ MI _____ Last Name _____ Maiden _____

Age _____ Date Of Birth _____ Gender: ☐ Male ☐ Female

Ethnicity
☐ Asian/Pacific Islander ☐ White
☐ American Indian ☐ Hispanic
☐ International Student Country: _____ ☐ Black

Relationship Status
☐ Single ☐ Engaged
☐ Married ☐ Separated
☐ Divorced ☐ Widowed

Mailing Address	City	State	Zip

Phone	☐ Yes, you can leave a message or text.	Email Address	☐ Yes, you can leave an email.

Insurance Policy Name	Insurance Address	Insurance Phone	Policy #

Policy Holders Name	Place of Employment	Birth Date	Effective Date

Please indicate who referred you

Referral Type ☐ Self ☐ Family ☐ Friend ☐ Healthcare Provider ☐ Other

Please read the following questions and mark those to which you would respond "yes."

☐ Have you previously been involved in counseling?
☐ Do you currently use alcohol or other non-prescription drugs?
☐ Is there a history of mental health problems in your family?
☐ Have you ever been physically abused?
☐ Have you ever been emotionally abused?
☐ Have you ever attempted suicide?
☐ Have you ever been hospitalized for mental health reasons?
☐ Is there a history of alcohol or drug problems in your family?
☐ Have you ever been in legal trouble?
☐ Have you ever been sexually abused or assaulted?
☐ Are you currently taking any prescription medications?

Please describe the concerns you would like to discuss:

How long has this problem persisted?

Under what condition do your problems get worse? better?

How would you know after today if counseling was helpful?