

Marita McLaughlin, M.Ed., LCPC
Integrative Psychotherapy
847-542-4214

Confidential Client Information
Date of First Session: ____/____/____

Name _____ **Date of Birth** _____

Address _____ **City** _____ **Zip** _____

Phone Home _____ **Cell** _____ **Work** _____

Email _____

Occupation _____ Insurance Provider _____

Single _____ Partnered/Married _____ Divorced/Separated _____ Widow/ed _____

Your preferred choice of pronoun/s _____

Referred by _____

May I acknowledge a personal referral? Yes _____ No _____

Current Primary Care Physician _____

City _____ Phone _____ Date of last exam _____

May I contact your physician to coordinate care if necessary? Yes _____ No _____

Physician's Name _____

If yes, please sign here to authorize contact: _____

May I contact your Emergency Contact Yes _____ No _____

Emergency Contact (name, relationship & phone #) _____

If yes, please sign her to authorize contact contact: _____

Others in your household and their ages:

Describe your family of origin.

Describe briefly what brings you to therapy:

Describe your favorite physical posture and form of physical movement.

Describe your most favorable emotions.

Describe the setting that allows you to “think” best.

Describe how you express yourself creatively.

Describe your favorite nature setting.

Describe material items that you value.

Describe your current useful behaviors.

Who would you call if you needed help?

Describe your current state of physical health.

Describe your eating patterns.

Describe any forms of exercise you engage.

Describe any history of alcohol/substance abuse. What is your current usage?

Describe any history of sexual/physical abuse/domestic violence/societal or cultural abuse.

Describe any history of suicidal ideation/attempts.

Please list any significant accidents, surgeries, & hospitalizations with date/year.

Please list any previous mental health or substance abuse services.

Please list any psychiatric medications taken in the past.

Please indicate approximate dates and locations of any past psychological testing.

Please list family members who have been treated for a mental health or substance abuse condition.

List any history and current use of pharmaceuticals, supplements, homeopathic remedies, & herbs.

Describe any spiritual beliefs or practices.

Any additional comments of your choice.

Note: Marita McLaughlin, LCPC is a contracted provider with BCBS PPO plans only. If this is the carrier of your primary insurance policy, I will submit claims for you. If you are using insurance coverage other than BCBS PPO, fee payment is required at the time of each session. You will be provided with a monthly billing statement so that you can submit claims and get reimbursed directly.

Thank you for taking the time to consider these important aspects of your life.

I look forward to our work together.

Marita McLaughlin, LCPC