

Paul Bolle, MS, LMFT
Individual, Couple, & Family Counseling
1210 Pearl Street • Eugene, Oregon 97401
541.972.1305 • pwb444@gmail.com

Client Information

Your Name _____ Date of Birth _____

How did you hear about me? If you were referred, who referred you? _____

Address _____

_____ Zip _____

E-mail address _____ Is it okay to send messages? _____

Telephone (Home) _____ Ok to call? YES NO Ok to text? YES NO

Name and phone number of nearest relative or close friend you want me to contact if there is an emergency situation

How long have you lived in the Eugene area? _____

If you are not originally from the Eugene area, where did you grow up? _____

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If in a current relationship, what is the name and age of your partner? _____

Names and ages of others in your household now, and relationship to you. _____

Who are your closest friends? Describe those relationships, how often do you spend time together? What do you do together?

Were you raised with religion or spirituality as an important part of your life? If so, briefly describe that experience and how it affected you.

Do you consider yourself religious or spiritual now? If so, briefly describe your beliefs.

Highest level of education attained _____ Degrees/Specialties _____

List jobs you have had from first to current _____

What are pros and cons of your current occupation? _____

What do you spend your free time doing? _____

List any books, movies, shows, songs that have been important to you. _____

Have you ever received professional counseling before? YES NO

If "YES", by whom and for what issue(s)? _____

What did you like about your experience in counseling? _____

What did you not like? _____

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Family of Origin: If parents re-partnered, please list parents and step-parents in chronological order

Father's name and occupation _____

Mother's name and occupation _____

Describe your father (list and describe stepfathers separately) _____

Describe your relationship with your father _____

Describe your mother (list and describe stepmothers separately) _____

Describe your relationship with your mother _____

Describe your parents' relationship with each other. How did they express affection? How was conflict handled?

Describe parents' additional relationships if re-partnered _____

If your parents separated, what age were you? Describe how it impacted your life _____

If you were parented by only one parent, how long did that last and how old were you? _____

Would you describe your parents as over-involved, under-involved, or just the right amount?

What were the main expectations on you growing up? What were the major family rules, values, morals, etc?

Did your parents talk with you about your feelings? Did you have any feelings that were not acceptable to show them?

List names and ages of siblings (please note if full, half, or step sibling).

Did your parents relate to your siblings differently than to you? If yes, describe significant differences and how it affected you. For instance, did you feel that everyone had an equal relationship with each other, or were there relationships that were closer or more distant within your family system

Describe your relationship with each of your siblings _____

Name and describe your relationship with any other family members or friends who had a meaningful impact on your life.

Have you ever had significant attachments to pets? _____

Do you drink alcohol? If so, how much and how often? Do you ever feel that this is a problem for yourself? Do you ever feel it is a source of conflict with your partner or other significant people?

Do you use other substances? If so, what kind and how often? Do you ever feel that this is a problem for yourself? Do you ever feel it is a source of conflict with your partner or other significant people?

Describe anything else you might feel is important for me to know about you or your family or your circumstances in growing up.

Name and phone number of your medical doctor _____

Present chronic or acute illnesses _____

Have you recently been, or are you now taking medication? YES NO

If "YES", what medicine(s) and for what illness or problem? _____

Please describe briefly the major concern or situation that resulted in your coming to therapy now.

Briefly describe the goals you have for therapy _____
