



Ahimsa Therapy
Psychotherapy & Thai Yoga
Alicia Barmon, LCPC, CYT

Client Information:

Client Name: _____ Phone Number: _____

Client Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Relationship Status: _____ Spouse/Partner Name: _____

Spouse/Partner Information:

Is this the policy holder? _____
Is this your emergency contact? _____

Name: _____ Date of Birth: _____ SSN: _____

Address(if different then yours): _____

City: _____ State: _____ Zip: _____

Phone: _____

Emergency Contact:

Name: _____ Relationship to Client: _____

Phone: _____



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Additional Information:

This form is for information gathering only. Your answers will be kept confidential. You will not be judged or diagnosed by your answers. Please answer only the questions that feel relevant to you.

Name:

Date:

What brings you to get support at this time?

What are your hopes and fears about this process?

Have you been in therapy before? How was it?

How would you describe your friendships?

Are you in a primary relationship? If so, for how long? Briefly describe the quality of the relationship.

Who lives in your household (# of people/ages/relationships)? Is this arrangement working for you?

How do you cope with stress? What helps? What makes it worse?

What is your history with addiction. Briefly describe.

Any history of addiction, trauma, or mental illness in your family?

Have you ever felt suicidal? Please explain.

Please list any significant (to you) accidents, surgeries, and hospitalizations with date/year.

Briefly describe your spiritual beliefs, if any.

How is your physical health? How is your sleep. How are your bowels?

Describe a typical days eating habits (what and how often).

How do you feel about how and what you eat?

What kinds of exercise do you get and how often?

What do you do for fun?

What else would you like to share at this time?

Please list any medications, supplements, homeopathic, herbs, etc you are currently taking.

Thank you for sharing this information. It will be held in confidence.

