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**Client Information**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**Contact Numbers**

Home \_\_\_\_\_ May a message be left? \_\_\_\_\_

Cell \_\_\_\_\_ May a message be left? \_\_\_\_\_

Work \_\_\_\_\_ May a message be left? \_\_\_\_\_

Referred by (indicate if a health provider only and I will only contact them if you allow me permission) \_\_\_\_\_

How did you find me? \_\_\_\_\_ Website \_\_\_\_\_ Referral from health provider \_\_\_\_\_ Referral from someone I know \_\_\_\_\_ Other \_\_\_\_\_

Occupation \_\_\_\_\_

Education \_\_\_\_\_

Married \_\_\_\_\_ Domestic Partnership \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ In a relationship \_\_\_\_\_

Do you have children? \_\_\_\_\_ Ages \_\_\_\_\_

Confidential and privileged

**Are you currently under the care of a psychiatrist? \_\_\_\_\_ If so may I contact him/her?**

**\_\_\_\_\_ Psychiatrist's name/phone number \_\_\_\_\_**

**Do you currently have any medical problems? \_\_\_\_\_**

**Please list all medications you are taking for either medical or mental health conditions**

\_\_\_\_\_  
\_\_\_\_\_

**Please list medications you have taken in the past for psychiatric or emotional difficulties**

\_\_\_\_\_  
\_\_\_\_\_

**Please briefly describe the problem or situation which led you to seek counseling today**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you ever been in counseling before? If so when, and why?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you have any biological relatives with a history of emotional or psychiatric difficulties? If so who and what type of problem?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list members of your immediate family, your relationship, and their ages:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you ever drink alcohol? If so how frequently and when was the last time you had a drink?**

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**Do you have a current or past history of using illicit drugs including prescription pain medications taken in a way in which they were not prescribed?**

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**Do you have a current or past history of verbal or physical abuse by a domestic partner? Are you currently concerned about your personal safety?**

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**What would you like to achieve in counseling and is there anything else important you'd like to tell me?**

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