

Carolyn Rodenberg, MA, LMFT, CCH
Caring Presence Psychotherapy, PLLC
9500 Roosevelt Way N.E., Suite 210, Seattle, WA 98115
(206) 367-3058 carolynrodenberg@caringpresence.net
WA State License # LF00000863

Confidential Client Information

Please BRING this form with you to your first session. DO NOT email it to me.

This helps keep secure your private and confidential health care information.

Personal Information

Date _____

Client _____ Name you prefer to be called _____

First Name _____ Middle Name _____ Last Name _____ Ethnicity _____

Street Address _____ Mobile phone _____

Home phone _____

City _____ State _____ Zip Code _____ Work phone _____

Email Address _____ Please check which phone number you prefer I use,

and what time of day you prefer I call: Mobile _____ Home _____ Work _____

Date of Birth _____ Age _____ Place of birth _____

Marital Status: Single _____ Married _____ Partnered _____ Separated _____ Divorced _____ Widowed _____

Spouse/Partner's Name _____ Date of birth _____ Age _____

Names of children, and their age _____

Employment

Employed _____ Unemployed _____ At home with children _____ Student _____ Retired _____ Other _____

Occupation _____ Years in occupation _____ Education _____ Degree(s) _____

Employer Business Name _____ Years with employer _____

Employer's Address _____

Street _____ City _____ State _____ Zip code _____

Emergency Contact

I give my permission for Carolyn Rodenberg to contact the following person in the event of an emergency:

Name _____ Relationship to you _____

Mobile phone _____ Home phone _____ Work phone _____

Please sign here _____ Date _____

How did you find my practice?

Family/friend _____ Physician/healthcare professional _____ Zencare webpage _____ Psychology Today website _____
Insurance company website _____ My website _____ Retreat or workshop flyers _____ Other _____

Help me help you by answering these questions

Please tell me why you are seeking psychotherapy at this time. What are your concerns, issues or difficulties?

What would you like to accomplish in therapy? _____

If you have been in previous psychotherapy, please share: When? Whom did you see? Was it helpful, and how was it helpful? Why did you stop? _____

Is there anyone with whom you would like me to confer? If yes, whom? _____

Your Health Care information

Name of Primary Care Physician _____ How long with this doctor? _____

Address _____ Phone number _____

What medical, physical or psychological conditions, do you have now, or have had in the past? How old were you, and what was the year? And which doctor or other health care provider helps you with these?

List any medications that you are taking, their purpose, and the prescribing physician:

Your Personal Life

What are your hobbies/interests? _____

What is your religious or spiritual orientation, if any? _____

With whom do you interact regularly (family, friends, co-workers, neighbors)? Do you have family in this area?

Is there anything you do, or have done in excess, such as alcohol, drugs, smoking, gambling, caffeine, eating? If yes, what is it you do, and how often do you do it? _____

Have you ever been arrested? If yes, what happened? _____
_____ How old were you? _____

Your Family Relationships and History including psychological or medical conditions of your family members

Spouse/Partner _____

Past Spouse/Partner(s) _____

Children _____

Mother _____

Father _____

Sisters _____

Brothers _____

Aunts _____

Uncles _____

Stepparents _____

In-laws _____

Grandparents (maternal) _____

Grandparents (paternal) _____

Additional Information

If you have other comments that could be helpful in your therapy, please let me know: _____

If you would like to hear about resources, workshops, retreats and other events via my list-serv, please sign below. If you wish to opt-out at any time, just unsubscribe. Signature for opt-in _____ Date _____