

Carolyn Rodenberg, MA, LMFT, CCH  
Caring Presence Psychotherapy, PLLC  
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## Confidential Client Information

Please wait to give me this form until your first session. Then, together, we will transfer it.  
DO NOT email it. 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(s) \_\_\_\_\_

### 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 \_\_\_\_\_

### 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 workshops flyers \_\_\_\_\_ Other \_\_\_\_\_

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**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?

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What would you like to accomplish in therapy? \_\_\_\_\_

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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? \_\_\_\_\_

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

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**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?

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

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**Your Personal, Family and Social Life**

What are your hobbies/interests? \_\_\_\_\_

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

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

What is your religious or spiritual orientation, if any? \_\_\_\_\_

What is your experience of race or ethnicity? \_\_\_\_\_

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

Have you, your family or friends been through a climate-related weather event? If so, when and where? \_\_\_\_\_

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

Is there anything you do, or have done in excess, such as alcohol, drugs, smoking, gambling, caffeine, eating? If yes, please describe, including if current, and how often. \_\_\_\_\_

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

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: \_\_\_\_\_

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

unsubscribe.

\_\_\_\_\_

**If you would like to receive my newsletter, or hear about workshops and retreats via my list-serv, please sign below.**

If you wish to opt-out at any time, just unsubscribe. **Sign here to opt-in** \_\_\_\_\_ **Date** \_\_\_\_\_