

Laura D. Fleming, MS, LPC

6300 Ridglea Place, Suite 212, Fort Worth, TX. 76116 (817) 925-6563/fax (817) 731-7895
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BIOGRAPHICAL INFORMATION

Name _____

Address: _____
Street City Zip

Phone: _____
Home Work Cell

Date of Birth: _____ Age: _____

Yes, you may leave a voicemail message or text on the following phone numbers:

Cell Phone number: _____

Signature

Date

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The following background information is required to accurately assess the applicant. Please fill out completely. You may use the back of the form or additional sheets of paper if necessary to provide all pertinent information.

Name: _____

Home:

Married/Single/Separated/Widowed, please provide any relevant details _____

With whom do you currently live? _____

Have there been any changes in your home environment? For example, moves, divorce or marriage, death, etc. Please list all environmental changes and dates:

Medical:

Starting from birth and proceeding up to the present, list all diseases, chronic or severe illnesses, important accidents and injuries, surgeries, hospitalization, periods of loss of consciousness, convulsions/seizures, and any other medical conditions:

Date Illness/accident/incident/etc Length of Stay/period of time

<u>Date</u>	<u>Illness/accident/incident/etc</u>	<u>Length of Stay/period of time</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you currently take medication? Yes / No

If yes, list all medication:

<u>Medicine medication</u>	<u>DosageTaken</u>	<u>how often</u>	<u>Reason for</u>
_____	_____ mg	_____	_____
_____	_____ mg	_____	_____
_____	_____ mg	_____	_____
_____	_____ mg	_____	_____

Who is your primary physician? _____ Last visit? _____

Other doctor's who care for you _____ Reason _____

Any concerns shared by the doctor? _____

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Psychological:

Have you previously been diagnosed? i.e., ADHD, Depression,, Dyslexia, etc? Yes / No

If yes, what diagnosis was made? _____

when was that diagnosis first made? _____

who made the diagnosis? _____

What treatments have been tried; please indicate success or failure of treatment?

Medication: _____

Behavioral treatment: _____

Routine: What kind of physical exercise do you get? _____

What are your extra-curricular activities? _____

How would you describe your energy level? _____

How would you describe your eating habits? _____

How would you describe your sleep habits? _____

Bedtime _____ Wake-up Time _____ Hours of sleep on an average night _____

Have you had any substance abuse problems? Yes No

If yes, give relevant details: _____

Has you ever been arrested? Yes / No

If yes, please provide relevant details: _____

If you wish to provide the results of previous psychological, developmental or educational assessments or counselor notes, indicate when and by whom the assessment was performed and the results: _____

List all prior mental health professionals you have worked with:

<u>Date</u>	<u>Name</u>	<u>Presenting Problem</u>	<u>Reason for Discontinuing</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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Education:

Degrees received and dates: _____

Were there academic problems? Did you receive accommodations while in school?

Employment:

Current employment _____

Are you content with you current employment? _____

Have there been changes in your work environment?

Are you satisfied with you current employment? _____

Personal:

Why are you seeking counseling?

What do you hope to achieve through counseling?
