

Carolyn Knutson Mind-Body Therapist

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CLIENT INFORMATION:

Please fill out this form and bring it to your first session. The information you provide here is protected as confidential information.

Name: _____ Insurance Company and ID # _____

Birth Date: ____/____/____ Age: _____

Name of parent/guardian (if under 18 years): _____

Address: _____

Phone: (____) _____ May I leave a message? Yes No May I text you? Yes No

Email: _____ May I email you? Yes No

Relationship: Never Married Domestic Partnership Married Separated Divorced Widowed

Live with: Spouse or partner Parents Children Roommates Foster Family Alone

Occupation: _____ Employer: _____

Emergency Contact: _____ Phone: _____

Current Medications: _____

Why are you seeking therapy? _____

Physical/Medical Conditions and History (conditions, treatments, allergies, surgeries injuries): _____

Emotional/Psychological History (prior mental health treatment, diagnoses, hospitalization, suicide attempts, self-harm behavior, trauma, violence): _____

Family Psychiatric History (history if mental illness and addictions in family): _____

Food/Weight History (disordered eating, dieting, body image): _____

Substance Use History (last use, frequency, treatment): _____

Legal History (arrest history, sentencing, DUI, incarceration, litigation): _____

Social History (significant relationships, current social support, quality of these relationships): _____

Developmental History (delays in development throughout lifespan): _____

Education and Occupational History (level of education, current and past employment, etc.): _____

Spiritual Life: _____

Self-Care Habits: _____

Goals for Therapy: _____

Strengths and Limitations (What both supports and challenges you in achieving these goals?): _____

Anything Else You'd Like to Share: _____
