

Rachel Zielinski LCSW

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HopefulCounseling@gmail.com

Welcome! I look forward to working with you and am committed to providing the best possible service to help you resolve the concerns that have. As part of your treatment plan, you and I will decide how long and how often we meet.

Date: _____

Name: _____

Date of Birth: _____

Address: _____

Email: _____

Phone number: _____

Emergency Contact: _____ Relationship: _____

Phone number: _____

Type of counseling requested: (ie. Individual, Family, Assessment) : _____

Medical

Physical needs (specify): _____ OTHER: _____

Date of last Physical: _____ Date of last visit: _____

Purpose: _____

Currently receiving treatment for any medical condition(s)? (If yes, describe):

Have you ever been hospitalized? If yes, please describe: _____

Current Medications (please list):

Medication	Dose	Frequency	Provider

Current Service Providers

Primary Care Physician: _____

Agency: _____ Phone#: _____

Address: _____

Email: _____ Fax #: _____

Referral Source/Case Manager/Psychiatrist/Other (Specify): _____

Agency: _____ Phone #: _____

Address: _____

Email: _____ Fax #: _____

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Social History

Current living situation (ie. Living alone spouse/partner, family/relative, non-related persons, other):

Primary relationship status: (ie. Single, Married, Cohabiting as married, Widowed, Separated, Divorced, Child in Common) _____

*Please list all your significant other/parents/siblings/children/dependents and/or other household members:

Name:	Relationship:	Age/DOB:	Living in residence

Mental health concerns or previous diagnosis:

Have you ever been psychiatrically hospitalized, or treated for a mental health condition? (If yes, please explain): _____

Any past or current events, losses or other family related issues that could be helpful in counseling: _____

What is your reason for seeking counseling/evaluation at this time? _____

What are your goals for counseling? _____

Have you been in counseling before? (If yes, include counselor's name, reason, when, was it helpful?)

*When I am stressed, I _____

ie. Sleep too much, trouble sleeping, focus on work, trouble relaxing, feel anxious, smoke, drink alcohol, talk it out, eat, lose appetite, feel depressed, feel angry, argue/fight, worry, cry, exercise, lose interest, isolate, clean, watch TV, listen to music, read, shop, gamble, have sex, have thoughts about hurting someone else, plan to hurt someone, think about Suicide, plan suicide, self harm (please explain): _____, Other: _____

Alcohol or other drug use (specify current and past):

Are you currently Employed or in School? _____

Employer/School _____ Position/Title/Grade _____

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What is your highest education level/Degree obtained: (High school grade/college level)? _____
Religious affiliation: (Practicing, Non-practicing, none) _____
Sexual orientation: _____

Support System

Who can you count on for support? (ie. Church/Pastor, Close Friend, Spouse, Neighbor, Group, Employer, Co-worker, Family, Parents, Therapist, Self-help, Spouse, group, Medical Professional, Other)

Completed by: (Self, Parent/Guardian, Other): _____

Please describe anything else you think would be helpful for me to know about you:

Counseling Agreement

Read and Initial below:

_____ I understand that participation in counseling is a voluntary decision

_____ I understand that all information is confidential except:

- If there is a signed consent to release information for case management, payment, referral or operational procedures
- In the event of threat or action to harm self
- In the event of threat or action to cause harm to others
- In the event of danger, maltreatment or neglect of a child
- In the event of a court order requesting PHI/medical records

_____ I understand that any outstanding costs/balance(s) are my responsibility

_____ I understand I need to provide information/insurance updates in a timely manner

By signing below, I acknowledge the information provided is accurate and true to the best of my ability,

Client or Legal Guardian Printed Name and Relationship Date

Client or Legal Guardian Signature Date