

Tamara Allen Bush LLC

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Patient History Form

Date: _____

Name: _____ DOB: _____

Phones – Home: _____ Cell: _____

E-mail Address: _____ Work: _____

Drivers License /ID#: _____ State: _____

Address: _____

County: _____ Street, City, Zip: _____

Preferred Method of Contact: Email Phone Call Txt

How were you referred to this office:

Emergency Contact: _____

Contact Phone: _____ Relationship: _____

Are you employed, student or other:

Are you currently on any medications? Yes: _____ No: _____

If yes, please list using back of page if needed:

Name of Prescribing Physician(s):

Phone or Address, City, State, Zip:

CHECK IF YOU HAVE BEEN TREATED FOR ANY OF THE FOLLOWING

Drug Addiction ____ Alcoholism ____ Bipolar Disorder ____ Depression ____

OCD ____ PTSD ____ Trauma ____ Dissociative Disorder ____

Eating Disorder ____ Psychosis ____ Accidents ____ Medical ____

Medical Issues:

____ Primary Care Physician: _____ Phone: _____

____ HAVE YOU BEEN IN COUNSELING BEFORE ? Yes

____ No _____

If yes, please list the name of the counselor(s) and the dates using the back of the page if needed.

CURRENT REASON (S) YOU ARE SEEKING COUNSELING:

CURRENT RELATIONSHIP – PLEASE CHECK ONE BELOW

Married ____ Separated ____ Divorced ____ Widowed ____ Dating ____

Co-Partnership with Shared Living Arrangement ____ without Shared Living Arrangement ____ Single ____ Other ____.

Name of individual: _____ How long in relationship?: _____

LIST THE PREVIOUS SIGNIFICANT RELATIONSHIPS. DESCRIBE THEM AND HOW THEY ENDED. Please indicate domestic abuse if that occurred (*).

NAMES AND AGES OF ANY CHILDREN:

Name/Age/Living Arrangements

ANY BEHAVIOR PROBLEMS?

EDUCATIONAL EXPERIENCE AND DEGREES :

WHAT CAREER GOALS DO YOU HAVE?

HOW IMPORTANT IS SPIRITUALITY IN YOUR LIFE? PREFERRED DEMONINATION?
PREFERRED SEXUAL ORIENTATION?

LIST ANY PREVIOUS OR ONGOING LEGAL ISSUES: _____

ARE YOUR PARENTS LIVING? MOTHER _____ FATHER _____

ARE THEY TOGETHER? WHEN DID THEY SEPARATE, DIVORCE OR BECOME WIDOWED?

LIST 5 WORDS THAT DESCRIBE YOUR MOTHER WHILE YOU WERE A CHILD:

LIST 5 WORDS THAT DESCRIBE YOUR FATHER WHILE YOU WERE A CHILD:

BEST EXPERIENCE OF YOUR LIFE?

WORST EXPERIENCE OF YOUR LIFE?

WHAT WOULD YOU LIKE TO SEE ACCOMPLISHED THROUGH COUNSELING?

PLEASE LIST BELOW ANY OTHER INFORMATION THAT YOU THINK WOULD BE HELPFUL FOR YOUR COUNSELOR TO KNOW.
