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Patient's Name: _____ (Feel free to write down just a few things per each question) or use an additional page to add things.

What lead you to this appointment?

Previous therapy experience? When, how long, why and was it helpful?

Please list your medications, and milligrams you take that are related to your brain health and for how long you have been taken them and who prescribes them:

Who is your support system?

What trauma and/or grief have you experienced? (What age (when), where, by whom)? (Feel free to write these on a separate sheet of paper).

History of abuse resulting in: (Circle all that apply): physical, sexual, emotional, verbal, neglectful?

Have you had EMDR IFS/parts/inner child work done on you before?

Do you deal with depression or anxiety? If so, for how long?

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Are you suicidal? Yes or No (circle one)

Have you had any psychiatrist inpatient stays in the past?

Do you have passive suicidal thoughts? Yes or No (circle one)

Have you had a prior suicide attempt(s)? If so, what was your method? Any there any rehab or eating disorder stays?

Have you lost someone close to you from death by suicide?

Do you currently self-harm?

Relationship status (circle one): Married Divorced Separated Widowed Long-term
Relationship Single

Do you have any children? If so, how old and how many?

Are there any ongoing legal issues I should be aware of right now?

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If you feel depressed what does that feel and look like: (on a scale of 0-10—10 being the worst depression you've ever felt, where do you feel you are on that scale more days than not)? What triggers it?

If you feel anxious/panicky what does that feel and look like: (on a scale of 1-10—10 being the worst anxiety/panic you've ever felt, where do you feel you are on that scale more than days not?) What triggers it?

Are you social?

What/who do you perceive that influences you the most in life (bad and good)? This can be both human and distractions.

Who is your support system?

Do you have a family history of psychiatric illnesses?

What are your current coping skills?

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What kind of family did you come from? Where were you raised? Briefly describe the relationship you have with them now:

What is your religion/belief system? If, yes, that you have a religion/belief system: what is the level of your involvement?

Are you currently: Married Long-Term Relationship Divorced Widowed
 Separated Single

How much pain is your brain in? 1-5 (5 being the worst pain):

How dark is your brain and how long does it stay this way and what are the ingredients that make it this dark? (1-10) 10 being as dark as dark can get (really bad days). What do you feel drives this darkness?

Would you describe yourself as a self-aware person? Check next to Y or N. Y or N

When you think about negative beliefs you have pertaining to yourself can you write just 2, or one, down for me that seem to be the most predominant and tell me: 'How old does this part of me feel to be?' Examples: 'I am a bad person.' 'I'm ugly.' 'It's my fault.' 'I'm not safe.'

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List what psychotherapy goals you would like to have help with below: (we can always add more!!)

(Note: if you can't think exactly what to write that's okay, we will figure it out when we meet)!

1.

2.

3.