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Edmond, OK 73003
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Fax: 405.509.5512
courtneylowemcp@gmail.com
www.courtneylowecounseling.com

Name: _____

What brings you in today?

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

Please list your medications, and milligrams you take that are related to your mental health and for how long you have been taking them and who prescribes them (include supplements and any hormone medication):

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, OR jot down a few words.

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 psychiatric 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?

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

What is your faith or beliefs?

Rate (on a scale of 1-10—10 being the worst depression you've ever felt), our depression from 1-10. What is that number?

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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), what is that number?

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/social media:

What are your current coping skills?

What are your triggers or those things that activate you?

Briefly describe the relationship you have with family/friends now:

Do you tend to think more in the past, present or future?

When you think about negative beliefs you have pertaining to your-self please list just 2, or one, down for me, that seem to be the most predominant? Please see the form on my website with a list of negatives and positives.

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What do you need from therapy and how can I help? (Treatment goals).