

Julie Cavese, MA, LPC

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Date: _____

Name: _____ Email Address: _____

Address: _____

Phone (h): _____ Phone (c): _____ Phone (w): _____

OK to leave message? _____ (h) _____ (c) _____ (w)

Emergency Contact: _____ Number: _____

What brought you here today?

Current Health Problems:

Current Prescribed Medications:

Current Over the Counter/Herbal Medications:

Physician: _____

Other Medical Caregiver: _____

Counseling History

Have you even been in counseling before? Yes_____ No_____

If yes, when and with whom?: _____

How helpful was it?: Positive_____ Somewhat Positive_____ Neutral_____
Somewhat Negative_____ Negative_____

Have you ever been hospitalized for a mental illness? Yes_____ No_____ If yes, year(s)_____

If yes, please explain: _____

Have you ever attempted suicide? Yes_____ No_____ If yes, date(s)_____

Has a family member been hospitalized with a mental illness? Yes_____ No_____ Year(s)_____

If yes, please explain: _____

Has a family member been diagnosed with a mental illness? Yes_____ No_____

If yes, please explain: _____

Briefly state your counseling goals:

How did you hear about Julie Cavese?

_____ Psychology Today

_____ www.NetworkTherapy.com

_____ Julie’s Website

_____ Internet Search

_____ Referral (Name: _____)

_____ Other (_____)