

**Silverstream** UNLIMITED, PLLC  
1013 140<sup>th</sup> St Ct NW, Gig Harbor WA 98332  
253-853-7049 or 206-660-9840 (cell)

**Ann Silvers, M.A., LMHC**  
Licensed Mental Health Counselor, State of Washington #LH60133260

**Welcome. Please fill out this form so I can better assist you.**

Today's Date \_\_\_\_\_

Name: \_\_\_\_\_ Male/Female

I prefer to be called \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work/Cell \_\_\_\_\_

Occupation: \_\_\_\_\_ How long? \_\_\_\_\_

( ) Single ( ) Partnered ( ) Married ( ) Separated ( ) Divorced ( ) Widowed

How long?: \_\_\_\_\_

Previous Marriages/Partners: \_\_\_\_\_

Spouse/Partner:

Name: \_\_\_\_\_ Phone #'s: \_\_\_\_\_

Address \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ SS# \_\_\_\_\_

Children:

Name \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ M/F

Name \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ M/F

Name \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ M/F

Name \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ M/F

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Last Visit: \_\_\_\_\_

Continued

Do you smoke? \_\_\_\_\_

Drink alcohol? \_\_\_\_\_ What kind/ How much/ How often? \_\_\_\_\_

Use drugs? \_\_\_\_\_ What kind/ How much/ How often? \_\_\_\_\_

Describe your caffeine intake (sources, when, how much) \_\_\_\_\_

Are you taking any medication or supplements? \_\_\_\_\_ Describe: \_\_\_\_\_

Do you have trouble sleeping? \_\_\_\_\_ Describe: \_\_\_\_\_

Have you recently gained ( ) or lost ( ) weight? How much/over how long? \_\_\_\_\_

Are you currently being treated for any physical or psychological condition? \_\_\_\_\_ Describe: \_\_\_\_\_

Do you have chronic pain? If yes: Where? How long? \_\_\_\_\_

Please describe any health problems/concerns: \_\_\_\_\_

Please describe any prior counseling/coaching you have received including dates, name of provider, and nature of the work you did together: \_\_\_\_\_

What brought you here today? \_\_\_\_\_

What do you hope to accomplish through our work together? \_\_\_\_\_