**BASIC INFORMATION**

Date \_\_\_\_\_\_\_\_\_ Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
City \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ State \_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Birth Date \_\_\_\_/\_\_ / \_\_\_\_ Marital Status:\_\_\_ Single \_\_\_ Married \_\_\_ Other  
May I contact you by email for scheduling purposes? Yes / No  
Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Can I call you here? Yes / No Can I leave a message? Yes / No Employment Status: \_\_\_Employed \_\_\_Full-time Student \_\_\_Part-time Student \_\_\_Other

How did you hear about Fidelity Counseling? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Briefly, what are the concerns that have brought you here today?  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**YOUR HISTORY**

Any current medical problems \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Current medications (all, including herbal) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Are you currently working with any Personal Physician? \_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_  
Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_What for?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Have you been on any medications in the past for mental health issues? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(Please list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Have you previously seen a therapist? \_\_\_\_\_\_\_\_\_\_\_\_\_ Who/Where? \_\_\_\_\_\_\_\_\_\_\_\_\_  
How long ago? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ For what types of issues? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
What was helpful or unhelpful about therapy in the past? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Have you ever been hospitalized for physical or mental health issues? (Briefly describe)  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Have you had any previous suicide attempts? \_\_\_\_\_\_(Briefly describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
If you currently experience any of the following symptoms, please rate them using the key below.  
Never = 0 Seldom =1 Often = 2 Always = 3  
\_\_\_\_\_ Difficulty concentrating \_\_\_\_\_ Memory loss or blackout  
\_\_\_\_\_ Crying \_\_\_\_\_ Difficulty sleeping  
\_\_\_\_\_ Missing classes \_\_\_\_\_ Stealing  
\_\_\_\_\_ Feeling helpless \_\_\_\_\_ Anger  
\_\_\_\_\_ Feeling uptight \_\_\_\_\_ Eating binges  
\_\_\_\_\_ Worrying \_\_\_\_\_ Drinking heavily  
\_\_\_\_\_ Feeling hopeless \_\_\_\_\_ Other drug use  
\_\_\_\_\_ Feeling afraid \_\_\_\_\_ Guilt feelings  
\_\_\_\_\_ Lying to others \_\_\_\_\_ Withdrawing socially  
\_\_\_\_\_ Feeling out of control \_\_\_\_\_ Sexual preoccupation  
\_\_\_\_\_ Feelings of self-doubt \_\_\_\_\_ Physical symptoms (i.e. headaches, digestive)  
\_\_\_\_\_ Injuring self (please list): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_ Suicidal Thoughts Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONSENT FOR TREATMENT**

I give permission to Peter Schumaker, LPC to provide counseling to:

Client’s Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

As a client, your records are confidential, and information about you and/or your family will only be released in accordance with federal and state laws regarding confidentiality of such records and information. For details, please see the Notice of Privacy Practices. The exceptions to confidentiality are these: 1) If you intend suicide, 2) If you intend homicide, 3) In the case of child, elder, or handicapped abuse.

Fidelity Counseling will discuss with me any need to breach confidentiality prior to the reporting, unless I believe that the safety of me or another individual will be compromised. By signing this document I am acknowledging that I have received a copy of the Notice of Privacy Practices as well as a list of emergency numbers. The Notice of Privacy Policies can be found at www.FideltiyCounseling.com. I acknowledge that in order to receive a paper copy of the Notice Privacy Policies, I must request one.

Peter Schumaker, LPC has a Master of Arts in Counseling and is a Licensed Professional Counselor in the state of Missouri.

**I have read and agree to the policies above.**

**Client or Guardian**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Therapist**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY NUMBERS**

***Therapists with Fidelity Counseling are generally available by phone from 8AM until 4:30PM Monday thru Friday, with the exception of holidays. Below are some resources you can contact in the case of a family emergency. In the case of a medical or safety crisis, please call 911.***

**Behavioral Health Response (BHR)** 314.469.6644 or 1.800.811.4760

BHR provides free 24-hour emergency counseling by phone

**Life Crisis Services** 314.647.HELP (4357)

Life Crisis provides free 24-hour emergency counseling and resource referral by phone

**Parental Stress Hotline**  1.800.632.8188

Parents helping parents work through difficult situations

**Kids Under Twenty One (KUTO)** 1.888.644.5886

Available after 4PM. Crisis peer counseling for children and youth.

**Missouri Child Abuse and Neglect Hotline** 1.800.392.3738

**United Way Help Line**  211 (from a landline phone) or 314.421.4636 or 1.800.427.4626

For resources and referrals.