

**To set up your first appointment:**

Patti will determine how best to set up your first appointment and associated content using the information you provide in response to these questions.

When you contact Patti for an appointment, she will ask for this information. *Thank you.*

Name .....

Date of Birth .....

Address .....

**Counseling History**

Have you ever been to counseling for any reason? Yes \_\_\_ No \_\_\_

If yes, for what reason(s)? .....

.....

Who was your counselor? .....

Have you ever been hospitalized for mental illness or substance abuse? **Yes \_\_\_ No \_\_\_**

**If Yes,** Facility Name .....

When you were discharged, did you attend outpatient counseling? **Yes \_\_\_ No \_\_\_**

Name of Counselor at Facility .....

**Referral Source**

How did you hear about Patti's services? *Check all that apply:*

Website \_\_\_ Primary Care Physician \_\_\_ Church \_\_\_

Friend (*name*) .....

Other .....