

**Janet Wright, MA, MSW**  
Licensed Clinical Social Worker  
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Fort Collins, CO 80525  
(970) 217-3076

Date \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

Brief Description of reason for seeking  
counseling \_\_\_\_\_

\_\_\_\_\_

Who suggested you contact me? \_\_\_\_\_

Please list your family members or other people living in your home:

Name                      Age              Sex              Relationship

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Physician \_\_\_\_\_ Date you were last examined by a doctor? \_\_\_\_\_

For what purpose? \_\_\_\_\_

Please list current medical conditions (include medications and the physician treating you):

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Have you or other family members previously received counseling/psychotherapy? If so, for how long and addressing what concerns?

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Please circle any of the following concerns which currently pertain to you:

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|---------------------|--------------------|-------------------------|
| Nervousness         | Depression         | Fears                   |
| Shyness             | Drug/Alcohol Use   | Suicidal thoughts       |
| Anger               | Self Control       | Finances                |
| Sleep difficulties  | Stress             | Difficulty with friends |
| Difficulty relaxing | Headaches          | Work difficulties       |
| Legal matters       | Memory problems    | Unusual fatigue         |
| Loneliness          | Feeling inferior   | Concentration           |
| Children            | Career choices     | Health problems         |
| Nightmares          | Marital problems   | Eating difficulties     |
| Parenting           | Troubling thoughts | Panic attacks           |

What are your personal strengths? \_\_\_\_\_

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Insurance Company: \_\_\_\_\_ Policy number \_\_\_\_\_

Name of policy holder \_\_\_\_\_ Group number \_\_\_\_\_

ID of Policy Holder \_\_\_\_\_

Date of Birth of Policy Holder \_\_\_\_\_