

Aubrey Hooley, LCPC,MSM/Licensed Professional Counselor  
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**RESILIENCE COUNSELING**  
**1414 W. Franklin St.**  
**Boise, Idaho 83702**

Name(s) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

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

Mobile Phone(s) \_\_\_\_\_ Ok to leave message? Yes  No

Email address(s) \_\_\_\_\_ Ok to send email appt reminder? Yes  No

Date of Birth(s) \_\_\_\_\_ Age(s) \_\_\_\_\_

Employer(s) \_\_\_\_\_ Health Care Provider/Physician \_\_\_\_\_

Please list any significant health problems \_\_\_\_\_

In Case of Emergency, Whom May We Contact? \_\_\_\_\_

Referred by Name \_\_\_\_\_ May we thank them? Yes  No

Previous Counseling Yes  No  With Whom & When? \_\_\_\_\_

Number of years in this relationship \_\_\_\_\_

Previous Marriages: \_\_\_\_\_

Children: Name \_\_\_ Age \_\_\_ Name \_\_\_ Age \_\_\_ Name \_\_\_ Age \_\_\_ Name \_\_\_ Age \_\_\_

Activities and Social Interests Family engages in:

Has either partner ever been hospitalized for psychiatric care? Is yes, when and where?

What goals do you have in Counseling?

Is there anything else you would like me to know?