

Aubrey Hooley, LCPC,MSM/Licensed Professional Counselor
 913..325.4602/913.226.5591
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RESILIENCE COUNSELING
1414 W. Franklin St.
Boise, Idaho 83702

Names of Family Members in session _____ Date _____

Primary address _____

City _____ State _____ Zip _____

Primary Mobile Phone _____ Ok to leave message? Yes No

Email address _____ Ok to send email appt reminder? Yes No

Primary Employer _____

If a family member is taking medications which seem important to counseling please list (use back of form if necessary)

Medication _____ Dosage _____ condition prescribed for _____ by _____

Are there any allergies important to note? Yes No If yes, please list _____

Please list any significant health problems _____

In Case of Emergency, Whom May We Contact?

Name _____ Relationship to you _____

Address _____ City _____ State _____ Zip _____

Phone Home _____ Phone Work _____ Phone Mobile _____

Referred by Name _____

Previous Counseling Yes No With Whom & When? _____

If applicable, please list break-ups or divorce(s) (include break-up or divorce years)

Current spouse/partner's name _____ Number of years together _____

Children: Name _____ Age _____ Name _____ Age _____
 _____ Age _____ Name _____ Age _____
 _____ Age _____ Name _____ Age _____

A few general activities and social interests the family engages in:

Does any member in the family exhibit the below?

	Yes	No	Drug/Alcohol/Addiction Related	Who / When
Suicide Thoughts				
Suicide Plans				
Suicide Attempts				

Why are you seeking counseling?

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Is there anything else you would like me to know?