

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

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Mobile Phone _____ Ok to leave message? Yes No

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

Date of Birth _____ Age _____ Male Female Transgender

Employer _____ Health Care Provider/Physician _____

Date of last Physical Exam _____ If you are currently taking any medications, please list: (use back of form if necessary)

Medication _____ Dosage _____ condition prescribed for _____ by _____

Do you have any allergies? 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 _____ May we thank them? Yes No

Mailing Address _____

Previous Counseling Yes No With Whom & When? _____

Current relationship status: single married partner significant other divorced widow/widower

How many committed relationships have you been in? _____ Number of times you have married _____

First (write name) _____ Your Age _____ years together _____

Second (write name) _____ Your Age _____ years together _____

Third (write name) _____ Your Age _____ years together _____

If applicable, number of years since becoming divorced, widowed, or single _____ If

applicable, reason for break-ups or divorce(s) (include break-up or divorce dates)

Describe quality of relationship with your present partner:

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

Children: Name _____ Age _____ Name _____ Age _____

_____ Age _____ Name _____ Age _____

_____ Age _____ Name _____ Age _____

Activities and Social Interests: _____

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For Client under 18 Years of Age:

Father or Guardian's Name _____ Date of Birth _____

Employer _____ Phone (W) _____

Mother or Guardian's Name _____ Date of Birth _____

Employer _____ Phone (W) _____

School now attended _____ Grades _____ School attended last year _____

I have few friends 🐼 many friends 🐼 The quality of my relationships with friends is: _____

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

Is there anything else you would like me to know?
