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General Information

(All individuals and couples will each fill out and sign this form)

Date:

Name:

Address:

City: Zip:

Where did you grow up?

Note: HIPPA requirements state that Becky must obtain your written permission to contact you via mail, email, or phone, etc.

May Becky send mail to your listed address above? (ex: newsletter or business mail) to the above address? Y N

Phone Numbers: H: W: C:

If we call, on which numbers may we leave a message? (Circle) H W C None

May we text you on your cell phone regarding appointments? Y N

E-mail address: May we e-mail you? Y N

Birth date: Age:

Last level of education or training completed:

Occupation:

How did you hear about us? (Check any that apply)

Google/Internet search

(If Google search, do you remember your search terms?

Medical professional – if so, who?

Friend or family member? If so, who?

**Family Background**

*(​If you are not in a serious romantic relationship no need to answer question* (a *or* b*.)*

1. How long have you been together in your present relationship?
2. Spouse/partner name:
3. How many marriages? (Note: Just answer for yourself):
4. How long did each marriage last?

Do you have children: from a former or current relationship/marriage, or stepchildren? Y N

List names and ages of all children and stepchildren from oldest to youngest …

Names/Age: 1.

2.

3.

4.

5.

Are your parents living? Father Y N Year deceased?

Mother Y N Year deceased?

Did your parents divorce? Y N

If your parents divorced, at what age were you?

Do you have stepparents?

Stepmother \_\_\_\_\_\_\_\_\_\_ Stepfather \_\_\_\_\_\_\_\_\_\_

List siblings, including you, from oldest to youngest, with current age:

Names/Age: 1.

2.

3.

4.

5.

6.

Any family history of alcohol, drug, or physical abuse in your biological family? Y N

1. If so, what type of abuse?

How would you describe your family in a sentence or two?

Add anything else you’d like me to know about your family?

**Basic Health and Counseling History**

My health is: Good Fair Poor

Date of last physical?

Are you taking any prescription medications, vitamins, herbal remedies? If so, please list what they are, and what they’re for, i.e. Prozac = depression:

Do you have any opposition to taking medications for depression, anxiety or other disorders if needed?

Have you been hospitalized recently? If so, for what?

Do you drink alcohol?

Y N If yes, how often/how much?

Do you use illegal drugs?

Y N If yes, what, and how much?

Do you have any physical, emotional, or mental condition now or in the past that we need to be aware of?

Y N If yes, please list:

Have you had individual counseling in the past? Y N

If so, was it a positive experience? Y N Not sure

Have you had couples counseling in the past? Y N

If so was it a positive experience? Y N

If you did not like the therapy you received, what was it that turned you off?

Do you have any of the following:

Details, frequency, severity

Chronic pain Y N

Migraines or headaches Y N

Stomach problems Y N

Thyroid issues Y N

Cancer Y N

Heart Disease Y N

Diabetes Y N

Carpel tunnel Y N

Numbness, tingling Y N

Panic or anxiety attacks Y N

Depression Y N

Feeling spacey Y N

or “out of body.”

Phobias or fears Y N

Extreme fatigue or little energy Y N

Sleep issues? Y N

**If yes, circle any that apply:** Difficulty falling asleep

Difficulty staying asleep

Sleeping, waking, and unable to fall back to sleep.

Sleeping too much

How many hours a night do you sleep?

Any syndrome, disease, condition, or illness we need to be aware of?

Y N If yes, what?

Please rate your overall energy level by filling in the blank for the following sentence… (circle the one that most applies to you)

“I am exhausted/tired and have little energy …”

Always most of the time Half of the time sometimes Rarely I have plenty of energy

Answer the following TRUE or FALSE statements:

“I have lost interest in many things I once enjoyed doing.” T F Unsure

“I have racing thoughts and find it difficult to concentrate.” T F Unsure

“I feel afraid much of the time.” T F Unsure

“I am afraid to be alone.” T F Unsure

Any thoughts of suicide? Y N If yes, explain.

**Current reasons for seeking counseling**

Why did you or your spouse make the effort to call a professional counselor?

What would you like to see happen as a result of counseling:

The thing that concerns me the most now is …

Is there anything else you think it is important for the counselor to know right now?

Please list any major changes or stressors in your life in the last 12 months: (ex: separation, divorce, death of a family member, loss of a job, major illness, moving, etc.)

**Other questions helpful to the process …**

*(If you are not in a serious romantic relationship only answer question* #3*.)*

1.Is verbal, emotional, or physical abuse an issue in your relationship?

Yes No I’m not sure

2. Does alcohol or drug use affect your relationship negatively?

Yes Somewhat Not at all

3. How would you describe the role spirituality plays in your life? (Circle one and/or provide a comment to the side if you wish …)

None at all

A little

Significant

Extremely spiritual or religious. (If you choose this one, could you please describe your spiritual or religious inclination …)

4. At this time who, if anyone, is pulling away in this relationship? ​

Me My partner Both of us Not certain

On a scale of 0 to 10 (0 = nothing, 10 = maximum), how motivated are you to work on saving your marriage *today*? (circle one)

0 1 2 3 4 5 6 7 8 9 10

Becky is a Certified Hypnotherapist and sometimes will suggest using the technique to facilitate emotional healing or insight. Are you opposed in any way to the use of hypnotherapy as a tool in your healing process? Y N Maybe/maybe not – need to know more

**POLICY**

A counseling session is normally 55 minutes, although the first session is 90 minutes long for an individual, and 2-hours for couples. Payment is expected at the beginning of each session. If you cannot make it to an appointment, 24-hours notice is required, though 48 hours is required for first-t-me appointments. If appointments are made, and 24-hour notice is not given, the usual fee will apply.

The therapist requires that credit card information be kept on file in case a no-show charge is applied. Refusal may result in cancellation of appointment by the therapist. **THE CREDIT CARD INFORMATION GOES ON THE INFORMED CONSENT FORM. Please be sure read and sign the Informed Consent form, which states that you understand and agree to the policies of this therapist.**

The therapist will maintain strict confidentiality, although generally cannot be expected to maintain secrets between spouses/partners. Also, I understand that suicidal threats, homicidal threats, or child abuse will be reported.

I understand and give permission to my therapist to seek clinical supervision or consultation about my situation when necessary.

I understand that I have the right to refuse treatment at any time.

Counselor Signature: Date:

Client Signature: Date: