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**Client Information - Initial Meeting**  
(Please use the back to complete answers.)

**Email:**

(Providing your email serves as your consent to me to communicate with you via email on non-treatment issues, such as scheduling and billing. Please print legibly.)

**Name:**

**DOB:**

**SS#:**

**Who referred you?**

**Home Address (w/zip):**

**Phone(s):**

**List others who live with you (name, relationship, age):**

**What is the name of your company/school?**

**What is your position/grade in school?**

**If you are married, or your parents are paying for your treatment, please provide job title and company for spouse/parents:**

**What brings you to counseling today?**

**Do you have a history of mental health problems, treatment, hospitalization(s)?  
What, when, where?**

**Please list any other current health providers (i.e., PCP, psychiatrist, dietitian, OBGYN):**

**What medications are you taking (including over-the-counter), vitamins, supplements)?**

**When was your most recent med check-up? Doctor? Results? Current height and weight?**

**Do you have any significant, or chronic, medical history (conditions, hospitalizations, surgeries)?**

**Significant family *medical* history?**

**Significant family *mental health* history (both treated and untreated)?**

**Do you, or any family members, have any history with alcohol/drug abuse?**

**Do you know about anything unusual about your mother's pregnancy with you, your birth, and/o early development?**

**How did you do in school (grades, friends, discipline, athletics)?**

**Briefly describe your relationship history (dating, significant relationships, marriages, divorces):**

**Describe any struggles you have now (or had in the past) with depression, anxiety, suicidal thoughts/feelings, or self-harm behaviors (cutting, burning)?**

**For women, please provide a brief menstrual history (onset, regularity, birth control)?**

**Describe any pregnancies/miscarriages/abortions for you or partner?**

**List any traumatic events that have occurred in your life.**

**What role does spirituality play in your life?**

**Please add anything else that you think it would be helpful for me to know about you.**