

**INSIGHT THERAPY (LCS # L4589) PSYCHOTHERAPY FOR INDIVIDUALS AND COUPLES**  
503.735.5994 www.nancereynolds.com

**CONTACT INFORMATION**

NAME \_\_\_\_\_ DOB \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

IS IT OK TO CALL THESE NUMBERS AND LEAVE A MESSAGE ? \_\_\_\_\_

EMAIL \_\_\_\_\_

**EMERGENCY CONTACT**

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

**PATIENT INFORMATION**

**GENDER (CHECK AS MANY AS APPROPRIATE)**

- FEMALE
- MALE
- TRANSGENDER
- M TO F
- F TO M
- OTHER \_\_\_\_\_

**HOW DO YOU SELF IDENTIFY?**

- BISEXUAL
- GAY
- HETEROSEXUAL/STRAIGHT
- QUEER
- NOT SURE
- OTHER \_\_\_\_\_

**CURRENT RELATIONSHIP STATUS**

- SINGLE
- MARRIED
- DOMESTIC PARTNERSHIP
- PARTNERED
- SEPARATED
- DIVORCED
- INVOLVED WITH MULTIPLE PARTNERS
- OTHER \_\_\_\_\_

CURRENT REASON FOR SEEKING THERAPY ?

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HAVE YOU PREVIOUSLY BEEN IN PSYCHOTHERAPY ? IF YES PLEASE PROVIDE DETAILS.

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WHAT DO YOU CONSIDER YOUR MAIN STRENGTHS TO BE ?

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WHAT ARE YOUR MAIN CHALLENGES PRESENTLY ?

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ARE YOU CURRENTLY TAKING ANY MEDICATIONS ? IF YES PLEASE LIST.

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PLEASE LIST ALCOHOL AND DRUG USE ; SUBSTANCE, FREQUENCY AND AMOUNT.

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DO YOU HAVE PREVIOUS SUICIDE ATTEMPTS, SELF DESTRUCTIVE OR VIOLENT BEHAVIORS ?

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PLEASE ADD ANY INFORMATION THAT MAY BE HELPFUL TO OUR WORK TOGETHER.

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