

## Client Information

Christian Psychological Services KC, LLC ♦ 8575 West 110<sup>th</sup> Street, Suite #218 ♦ Overland Park, KS 66210  
(phone) 785.330.5754 ♦ (reception) 913.345.0033 ♦ (fax) 913.345.0177 ♦ www.cpskc.net

Name (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

OK to leave voice/text message?

Mobile Phone ( ) \_\_\_\_\_

Yes      No

Home Phone ( ) \_\_\_\_\_

Yes      No

Work Phone ( ) \_\_\_\_\_

Yes      No

Preferred contact number (please circle one)

Mobile      Home      Work

Email Address (please write clearly) \_\_\_\_\_

OK to receive appointment reminders?

Yes      No

\_\_\_\_\_ I have read the information about Kathy Nace and I agree to her policies.

(check one)

\_\_\_\_\_ I will not be using insurance and my agreed upon fee is \$\_\_\_\_\_.

\_\_\_\_\_ I want to use my insurance. (If you choose insurance, you must work with another therapist.)

If the cost of your therapy will be covered by another party, please provide contact information:

Name (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship to client \_\_\_\_\_

City/State/Zip \_\_\_\_\_

OK to leave message?

Mobile Phone ( ) \_\_\_\_\_

Yes      No

Home Phone ( ) \_\_\_\_\_

Yes      No

Work Phone ( ) \_\_\_\_\_

Yes      No

Preferred contact number (please circle one)

Mobile      Home      Work

Email Address (please write clearly) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Continued on reverse*

On a scale of 1-5, how hopeful are you that therapy will help you resolve your concerns? (circle one)

not hopeful                  unsure                  a little hopeful                  hopeful                  very hopeful  
1                                  2                                  3                                  4                                  5

Check any of the following that apply to you. Star those you consider the most important.

- My marriage needs help.
- I have an outside relationship that is interfering with my marriage.
- My spouse has an outside relationship that is interfering with my marriage.
- A recent or current divorce is affecting my life.
- I am having problems getting along with members of my family.
- I have been sexually abused.
- I am having sexual difficulties with my spouse.
- Premarital sexual activity is one of my concerns.
- My husband/wife physically abuses me.
- There is/has been child abuse in my home.
- Child custody is a concern.
- My child has behavior problems.
- I believe I am depressed.
- I have poor self-esteem.
- I am socially awkward.
- I need more intimate friends.
- I am confused about what career to pursue.
- I have made an attempt in the past to take my life.
- I have been knocked unconscious on one or more occasions.
- I have problems with alcohol or drugs (circle all that apply).
- At least one of my family members has misused alcohol or drugs.
- I have a problem with stress.
- I have problems with food.
- I have recently experienced a trauma such as rape, assault, or \_\_\_\_\_.
- I have irrational fears.
- I have emotionally-caused physical illnesses.
- I fear that my problems are very deep and relate to my personality.
- I hear voices and see things that aren't real.
- I have unusual sexual problems.
- I am very angry at a situation or person but I am expressing my anger indirectly.
- I can't seem to get over a recent loss I have experienced.
- I often have suicidal thoughts.
- I am confused about my sexual identity.
- My religion causes me to feel very guilty.
- I have a physical illness that affects my well-being: \_\_\_\_\_.
- I want to enhance my athletic capabilities/performance level in: \_\_\_\_\_.
- There are important aspects to my concerns not listed: \_\_\_\_\_.

I am on the following medications:

What do you hope your therapist can do to help you?

Previous counseling/hospitalization for emotional problems? Yes No If yes, when/where?

Briefly describe your spiritual beliefs/affiliation: