

Douglas Layer, LPCC
1130 Commerce Drive, Suite B
Las Cruces NM 88001
Background Information - CONFIDENTIAL

Date: _____

Last Name: _____ First Name: _____ Middle: _____

Address: (Street, City, Zip)

Home Phone: () _____ Cell: () _____ Email: _____

DOB: _____ Age: _____

Sex or Gender Identity: _____

Racial or Ethnic Identity: _____

Spiritual or Religious Identity: _____

Sexual Orientation/Identity: _____

Are you working? Y N If so, what type of work do you do? _____

Are you a student? Y N If so, what year? _____ Major? _____

Last year of school completed: _____

Marital Status: Single Separated Divorced Partnered Married Widowed

Nearest confidante: _____ Relationship: _____

Have you ever had counseling before? Y N

If so, previous counselor: _____ Length of therapy: _____

Reason for seeking treatment at that time: _____

Reason for scheduling today's appointment: _____

Are you currently taking any medications? Y N If so, what type and what for?

Do you currently have any medical conditions/issues? Y N If so, please describe:

Are you currently feeling suicidal: Y N

Have you ever felt suicidal in the past? Y N Have you attempted suicide in the past? Y N

Have you ever been the victim of abuse? Y N

Have you ever been the victim of domestic violence? Y N

Do you drink alcohol? Y N If so, how much/often? _____

Do you use recreational drugs? Y N If so, what type? _____

How were you referred to Douglas Layer, LPCC? _____

What do you consider your strengths to be: _____

What is it you like best about yourself: _____

Please list 3 goals you might be interested in achieving while in counseling:

1. _____

2. _____

3. _____

Signature: _____