Kimbrough Benson
Lafayette, LA 70508

Phone (505) 919-9011
www.kimbroughbenson.com
kimbroughbenson@yahoo.com

CLIENT INFORMATION FORM

Name: Social Security #:

Date of Birth: Age: Sex: Marital Status:

Spouse Name: Spouse's Social Security #:

Address Physical (include city, state, zip):

Address Mailing (include city, state, zip):

Home #: Work #: Cell #:

Email address:

May I contact you by e-mail?

Occupation: Years of Education/Degree:

Employer:

Emergency Contact: Relationship: Phone:

Referred By:

Insurance Company: Policy Holder (name & employer):

Responsible Party/Guarantor:

RELEASE/PAYMENT AUTHORIZATION: I agree to provide payment in full at the time of service.
I authorize the release of medical information necessary to process an insurance claim.
I acknowledge that I received a copy of the HIPAA Privacy Notice.

Signed: Date:

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COMMON CONCERNS

Check all that apply:

- [ ] My family has a history of poor communication, counseling, abuse, depression, hospitalization, alcoholism, eating d
- [ ] I use alcohol.
- [ ] I use drugs.
- [ ] My alcohol/drug use has resulted in traffic violations, blackouts, financial problems, relationship problems, healt
- [ ] I have been in trouble with the legal system.
- [ ] I have had an unwanted sexual experience.
- [ ] I have experienced emotional, sexual, or physical abuse.
- [ ] I've tried to control my weight.
- [ ] I have thought about or tried to harm myself or another person.
- [ ] At times, I have acted in a violent manner.
- [ ] I have recently had problems with sleeping, appetite, fatigue, concentration, weight changes, mood shifts, headache
- [ ] I have difficulty expressing emotions, controlling anger, handling stress, accepting myself, or accepting complimen
- [ ] I have experienced a recent death, relationship ending, or major move.
- [ ] Sometimes I hear unwanted voices in my head.

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SYMPTOM RATING

Rate each issue from 1 (Not at all) to 5 (Extreme)

Feeling angry

Feeling timid or shy

Feeling depressed

Being easily embarrassed

Feeling like a failure

Feeling on the verge of tears

Being ill at ease with others

Feeling discouraged

Not feeling like eating

A lack of friends

Feeling shy with the opposite sex

Blame, criticize or condemn others

Difficulty holding conversations

Feeling hopeless

Headaches

Difficulty with sleep

Stay by yourself a lot

Feeling tense and nervous

Upset stomach

Sexual problems

Suicidal thoughts

Problems with family

Upset by academic concerns

Problems with spouse/significant other

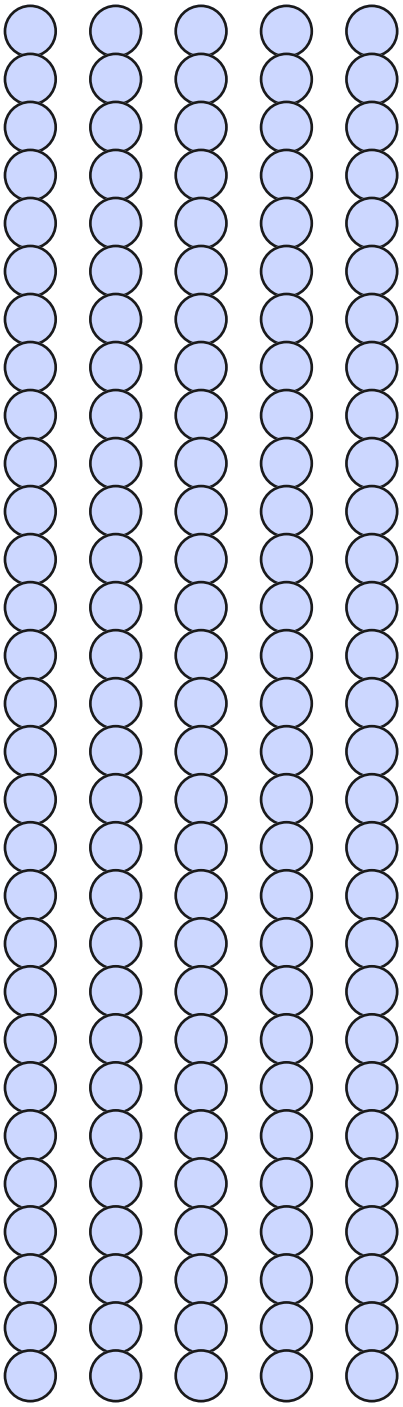
Stress related to work

Stress related to school

Being overweight

Problems with anxiety

Unhappy with living arrangements



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COUNSELING INFORMATION

How much do spiritual and religious concerns affect your daily decision making?

List all persons living in the home including age and relationship to you.

List all current medications including dosage, reason, and prescribing physician.

List your counseling goals in order of importance.

How many sessions do you anticipate needing?

How much are your concerns interfering with your personal functioning?