



**The Elements Counseling Services, PA**

**Phone: 704-277-3801**

Client Name: \_\_\_\_\_ Today's Date \_\_\_\_\_

Briefly state your reasons/goals for seeking counseling:

Have you ever seen a counselor/therapist? \_\_\_\_ If yes, Please indicate who, when and why..

Name, age and relationship of others living in your home:

Please list any troublesome or significant medical conditions you have:

Please list your current prescription medications: Name/Dose of medicine, Prescribing Physician