Elisa Horton, LMFT, LMHC, NCC, INC -FL License Numbers MT2182, MH8749; NCC 79676

Client Update Form

Client Information:
Last name: _____ First name: _____
Marital Status: _____ Employer: _____

Please reviewed and update in portal:	Please reviewed and update paperwork:
- Address (s) - Phone number(s) - Emergency contact - Email addresses - I nsurance or EAP information - ☐ N/A	- HIPAA NPP - Informed Consent (if changed) ☐ N/A - Non-Intact Family Agreement ☐ N/A - Insurance or EAP Information Form(s) and Copy of New Card ☐ N/A

Presenting Problem:
Please briefly indicate the concern(s) that bring you into counseling at this time (mark all that apply and mark P for primary and S for secondary):

___ Depression	____ Impulsivity	___ Difficulty Concentrating	____ Issues with Partner	____ Job Related
____ Anxiety	____ Obsessions/ Compulsions	___ Trauma	____ Issues with Family	___ Other: _____ _____
____ Panic Attacks	____ Substance Misuse	____ Difficulty Functioning	____ Issues with Family	____Grief or Loss
____ Anger	____ Mood Swings	____ Threat or actual harm to self or others	____ General Relational Problems	____ Transition/ Difficulty Adjusting

Is/Are this/these problem(s) impacting your: □ Work □ School □ Relationships □ Ability to function in daily life

What are your goals related to your presenting issues (please make goals: specific, measurable, objective, and/or behaviorally oriented):

1. _____
2. _____
3. _____

Please update me on any new changes to your: medical history, life threatening allergies, psychiatric history, financial situation, occupational situation, and other information: _____
_____

Risks:
1. Are you currently feeling like you want to hurt or kill yourself? ❍Yes ❍ No - Do you have a plan? ❍Yes ❍ No
2. Are you currently feeling like you want to hurt or kill someone else? ❍Yes ❍ No - Do you have a plan? ❍Yes ❍ No
3. Do you purposefully, physically hurt yourself? ❍Yes ❍ No - If yes – how: _____
4. Are you currently being abused? ❍Yes ❍ No If yes, how? ☐ physically ☐ sexually ☐ emotionally/mentally
By who?_____

CAGE-AID:
In the last three months, have you felt you should cut down or stop drinking or using drugs? ❍Yes ❍ No
In the last three months, has anyone annoyed you or gotten on your nerves by telling you to cut down or stop drinking or using drugs? ❍Yes ❍ No
In the last three months, have you felt guilty or bad about how much you drink or use drugs? ❍Yes ❍ No
In the last three months, have you been waking up wanting to have an a alcoholic drink or use drugs? ❍Yes❍ No
Is someone else's substance use affecting you? If yes, explain: _____

********** **THE NEXT 2 PAGES ARE FOR INSURANCE CLIENTS TO FILL OUT ONLY** **********

For Year: _____

Current Symptoms in last week to 2 weeks	n/a	mild	moderate	severe
Depressed mood (sad, irritable, blue, down, etc) that last most of the day	□	□	□	□
Loss of interest or pleasure in normally enjoyable things	□	□	□	□
Change in appetite or weight (i.e. significantly changing weight without trying)	□	□	□	□
Failing to keep up with important daily activities (i.e. bills, showers, etc)	□	□	□	□
Sleep disturbance (too much or too little)	□	□	□	□
Decrease/Increase in physical activity (that is uncharacteristic of you normally)	□	□	□	□
Fatigue or loss of energy (i.e. I can't bring myself to do anything)	□	□	□	□
Feeling worthless or excessively guilty	□	□	□	□
Impaired concentration or distractibility	□	□	□	□
Withdrawn	□	□	□	□
Suicidal thinking	□	□	□	□
Thoughts of death	□	□	□	□
Irritable or elevated mood (i.e. frenzied/manic, wound up, aggravated for days)	□	□	□	□
Significant mood or energy swings (each swing last 4 + days – people notice)	□	□	□	□
Inflated self esteem (i.e. I feel I can do in 1 hr what takes someone else 4 hrs to do)	□	□	□	□
Pressure of speech (i.e. I just keep talking and talking)	□	□	□	□
Racing thoughts (i.e. my thoughts spin, race and/or keep me up at night)	□	□	□	□
Excessive spending (i.e. I only have $20 extra a month - I spend $200 instead)	□	□	□	□
Acting out home (i.e. sneaking out, yelling, being disrespectful)	□	□	□	□
Acting out school &/or work (i.e. getting in fights, being argumentative, rebellious, etc)	□	□	□	□
Acting out sexually (risky behaviors – i.e. multiple partners, unprotected sex)	□	□	□	□
Acting out stealing (taking things that don't belong to me)	□	□	□	□
Acting out self mutilation (i.e. cutting, burning, scratching myself)	□	□	□	□
Using drugs or alcohol excessively (i.e. taking meds/drugs not prescribed or more than prescribed; drinking until drunk; mixing drugs & alcohol; numbing out)	□	□	□	□
Hyperactivity (i.e. I can't sit still)	□	□	□	□
Impulsivity (i.e. I don't think before I act)	□	□	□	□
Excessive fear or worry (i.e. I worry about a lot of different things)	□	□	□	□
Elevated heart rate when anxious or upset (i.e. my heart races)	□	□	□	□
Sweating when anxious or upset (i.e. when it's not hot sweating uncontrollably)	□	□	□	□
Shaking when anxious or upset (i.e. my body shakes uncontrollably)	□	□	□	□

For Year: _____

Shortness of breath when anxious or upset (i.e. feel like can't catch my breath)	□	□	□	□
Choking when anxious or upset	□	□	□	□
Chest pain when anxious or upset	□	□	□	□
Nausea when anxious or upset	□	□	□	□
Lightheaded when anxious or upset	□	□	□	□
Feeling of unreality when anxious or upset	□	□	□	□
Numbness or tingling when anxious or upset	□	□	□	□
Fear of losing control because I'm feeling anxious or upset	□	□	□	□
Chills or hot flashes when anxious or upset	□	□	□	□
Feeling of impending doom (i.e. feeling something terrible is going to happen)	□	□	□	□
Avoidance of social situations due to panic/intense anxiety	□	□	□	□
Recurring unwanted thoughts that cause distress	□	□	□	□
Repetitive behaviors (i.e. counting, checking locks, skin picking, hair pulling, etc)	□	□	□	□
Reliving life threatening events	□	□	□	□
Auditory hallucinations (hearing things not really there)	□	□	□	□
Visual hallucinations (seeing things not really there)	□	□	□	□
Cognitive impairment (forgetting important things or events, the date, people, short or long term memory loss, loosing words often, etc)	□	□	□	□

Other Symptoms Note Described above with noted severity: _____

_____

For Year: _____