Jan Venable, M.Ed., LPC -S

28465 Ranch Road 12 Dripping Springs, Texas 78620
512.940.8787

Client Information

Date: _____

Client Name: _____ Parent Name: _____

Mailing address: _____

Date of birth: _____ Age: _____

Phone: _____ Text Y N Alt Phone: _____

E-mail: _____

Employer: _____

Spouse / Parent's Name: _____

Marital Status: single__ married__ separated__ divorced__ domestic partners__ widowed__

Children or others living in your home: _____

Responsible Party (if parent, by divorce decree): _____

How did you find my practice? _____

Presenting Problem - Please check all that apply

Alcohol _____	Anxiety _____	Legal issues _____
Drug abuse _____	Sleeping habits _____	Crime victim _____
Sexual abuse _____	Eating habits _____	Death/grief _____
Depression _____	Fear _____	Divorce _____
Suicidal _____	Anger _____	Marital issues _____
Violence _____	Guilt _____	Other _____

Describe "other:"

_____

_____

Describe duration of problems: _____

Past counseling experience: _____

Known Medical Conditions: _____

Current medications: _____

Nutritional supplements: _____

Regular exercise/movement: _____

Describe your support system: _____

What is your spiritual orientation? _____

Do you participate in a community of faith? _____

Name of current physician: _____

Psychiatric hospitalizations: _____

Please complete if you will be filing a claim with your insurance company:

Insurance Company: _____ Policy Holder: _____

Relationship: _____ Social Security #: _____

Payment of Services:
MC/VISA/HAS Account #: _____ CSV#: _____

Expiration: _____ Zip code:_____