

**Jennifer L. Streit, LMHC**  
**APPLICATION FOR COUNSELING**

Today's Date: \_\_\_\_\_

NAME: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE:

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

EDUCATION: \_\_\_\_\_

DO YOU HAVE ANY COMMUNICABLE DISEASES (E.G. HEPATITIS C, AIDS, TB)? \_\_\_\_\_

WHAT MEDICATIONS ARE YOU TAKING? \_\_\_\_\_

WHO IS PRESCRIBING YOUR MEDICATION? \_\_\_\_\_

REASON FOR SEEKING COUNSELING: \_\_\_\_\_

\_\_\_\_\_

How long have you been dealing with these issues? \_\_\_\_\_

\_\_\_\_\_

Have you ever been in counseling before? \_\_\_\_\_

If so, how as it helpful? \_\_\_\_\_

\_\_\_\_\_

Have you ever had a suicide attempt/thoughts? If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Have you ever been hospitalized for psychiatric reasons? If yes, when and where \_\_\_\_\_

\_\_\_\_\_

Fee: \$100.00 per session, to be paid each session