



INNER REFUGE COUNSELING

Lyn-Maria Boxill, M.A.C.P., LMHCA
Inner Refuge Counseling
1700 7th Ave.
Suite 2100
Seattle, WA 90101

⌘ CONFIDENTIAL CLIENT INFORMATION FORM - ADOLESCENTS

Name: _____ Gender (as you identify): _____ Date: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Ok to leave message Text

Home Phone: _____ Ok to leave message

Email: _____ Ok to email

School / Education: _____

Date of Birth: _____ Age: _____ Social Security #: _____

Country of Origin: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Prior Counseling (include names and dates): _____

⌘ MEDICAL

Current / past health concerns: _____

Medications: _____

Have you ever attempted suicide? _____

If yes, please describe. _____

Do you have any current plans to harm yourself? _____

⌘ **GENERAL INFORMATION**

Have you ever been involved in a gang or cult? _____

Have you ever used drugs or alcohol (please list type and age use began)? _____

Have you ever been physically, sexually, or emotionally abused? If so, explain. _____

Day to day, how much do you worry? What types of things do you worry about? _____

What types of activities do you enjoy? _____

What do you do on the weekends? _____

⌘ Briefly discuss what brings you to counseling today. Please mention any significant events / challenges that might be related to your visit: _____
