



Sally McIntosh Stoehr, MA, LMFT
Licensed Marriage & Family Therapist

“Helping Children, Families & Individuals to more positive fulfilling lives.”

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Please complete this form and bring it with you to your first appointment.

Name: D.O.B: Age:

Address: SSN:

Home Phone: Work/message Phone:

Where is the best phone number to reach you? (please give best times)

Whom should we contact in an emergency? (please give name, relationship you and telephone number).

Insurance Information: (please bring insurance card with you)

Primary Insured (sponsor): (name and SSN#)

What brings you to counseling at this time?

In what areas of your life are these problems affecting?

For how Long?

Please tell me a little bit about your developmental History:

- Pregnancy – what do you know about your mom’s pregnancy with you?
- Delivery – how were you delivered? At what gestational age? Any complications at birth?
- Infancy – what kind of baby were you? Were there any significant events in your babyhood?
- Milestones – how old were you when you walked? Talked? Toilet training?
- significant illnesses – did you have any significant childhood illnesses or hospitalizations?
- Separations: Were you separated from your parents for any significant amount of time?

Health Problems

- Do you currently have any significant health problems?
- Doctor’s Name & Telephone Number:
- Current Medications:

Relationships:

- What are your relationships with other like?
- Do you have any concerns about any of your relationships at this time?

Family History:

- Does anyone in your family have difficulties with mental health? (go back as many generations as you know)
- Does anyone in your family have health problems
- Are you concerned about your drug or alcohol use?
- Are you concerned about drug or alcohol use by anyone in your family?

Family Resources:

- Do you have contact with your extended family members?
- Whom do you turn to for support?
- Do you attend church or other community activities?

Cultural Issues:

- What is your cultural and ethnic heritage?
- Do you celebrate cultural holidays or traditions?

Risk Assessment:

- Have you ever thought about wanting to kill or harm yourself? (give specifics)
- Have you ever made threats or actions to harm others?

Previous Attempts to solve the problem:

- Have you had previous therapy? If so, when and with whom?
- Was it helpful/not helpful?
- What things have you done to try to solve the problem?

Family Constellation:

- Who lives in your household? (names, ages, relationship to you)

Is there anything else you'd like me to know?