



# Portland Processwork Clinic

*find meaningful change*

Client's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

May we call you and / or leave messages at home? \_\_\_\_ yes \_\_\_\_ no

Employer / School

\_\_\_\_\_

Relationship Status \_\_\_\_\_

Family Member's Name	Relationship	Age	Occupation/School
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Person who can be contacted in case of emergency?

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

What brings you here?

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Prior counseling? \_\_\_\_ yes \_\_\_\_ no

When and with whom? \_\_\_\_\_

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For what issues?

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Current medical or physical issues?

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Current medications (list all including dosage)

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Do you drink alcohol? \_\_\_\_ yes \_\_\_\_ no

How often? \_\_\_\_\_ How much? \_\_\_\_\_

Do you use other substances? \_\_\_\_ yes \_\_\_\_ no

How often? \_\_\_\_\_ How much? \_\_\_\_\_

Physician's name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Who referred you to the Portland Processwork Clinic? \_\_\_\_\_

May they be thanked? \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_