

Lisa Popelka, MS, LPC
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New Client Information:

Name: _____ DOB _____ Date _____

Address: _____ Phone(s) _____

_____ Email: _____

Emergency contact/relationship _____ Phone: _____

Occupation: _____

Current concerns/reasons for seeking psychotherapy at this time:

Origins/history/background of this issue/Have you experienced anything similar in the past?

Outcome you hope for from psychotherapy (What changes will you notice within yourself, your relationships, or life situations):

Married/partnered/single status: _____ Do you live alone or with others? _____

If live with others, who do you live with?: _____

If you have children, names/ages: _____

Current or ongoing physical health issues: _____

Medicines you take regularly/purpose: _____

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Do you receive any alternative/holistic health treatments? Y_____ N_____

Which one/s? massage _____ acupuncture _____ naturopathy _____ other_____

Do you exercise? Y N How often? Once a week or less _____ 2-4 times/wk _____ Daily _____

What form/s of exercise do you do?: _____

Do you drink alcohol? Yes_____ No_____ If so, how many times a week do you drink alcohol?

Once or less _____ 2-3 times _____ Almost everyday _____ Daily _____

Do you use recreational drugs? Yes No If yes, which one(s)? _____

How often? _____

Do you have a spiritual practice?: _____

Prior Psychotherapy Experience: _____

How/Why/When did prior therapy end: _____

What/whom do you turn to when you need support? (i.e. people, pets, places, activities, etc.):

Do you feel adequately supported in your life? Y N If not, what is lacking:

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What activities do you feel nourished by?

What inner strengths/qualities do you use in difficult times?

What other information would be helpful for me to know regarding physical or mental health: (prior mental health diagnoses, family history, how you self-identify, gender, sexuality, addiction, suicidal ideation or attempts, depression, anxiety, life events, trauma, self-harm, cultural background, which substances or activities you engage in to feel better, or anything else that feels important):