

## Compass Counseling and Consulting Services LLC

Please list medications you are currently taking:

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If you enter treatment with me for psychological issues, may I tell your medical doctor so that he or she can be fully informed and I can coordinate your treatment?

YES / NO

### E. Your current employer

<b>Employer:</b> (Company or individual name)			
<b>Address:</b> (Street Address, City, State, ZIP)			
<b>Work Phone:</b>	( ) -	<b>Extension:</b> (if applicable)	

Calls will be discreet, but please indicate any restrictions below:

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**J. Children**

Indicate if from a previous relationship or if step-child.

<b>Name of child</b>	<b>Name of mother/father</b>	<b>Current Age</b>	<b>Sex</b>	<b>Grade</b>	<b>Adjustment problems?</b>

**K. Treatment**

Have you ever received psychological, psychiatric, drug or alcohol treatment, or counseling services before?

<b>When?</b>	<b>From whom?</b>	<b>For what?</b>	<b>With what results?</b>