

**Ellen Wilkins Counseling and Therapy**  
**Ellen Wilkins, LMFT, PT**  
**2817 West End Avenue, Suite 205**  
**Nashville, TN 37203**  
**615-308-8680**

## Individual Information Form

Client Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Occupation \_\_\_\_\_

Telephone (Mobile) \_\_\_\_\_ (Other phone) \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth \_\_\_\_\_

Marital Status \_\_\_ Single \_\_\_ Married \_\_\_ Separated \_\_\_ Single again \_\_\_ Widowed

Education (grade level if student) \_\_\_\_\_

Emergency Contact- Name & Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Briefly describe what you hope to achieve in therapy \_\_\_\_\_

\_\_\_\_\_

Dates of Previous Counseling & Counselor's Name \_\_\_\_\_

Reason \_\_\_\_\_

Have you ever been hospitalized for a psychiatric disorder? \_\_\_\_\_

Dates of hospitalization \_\_\_\_\_ Hospital \_\_\_\_\_

Reason \_\_\_\_\_

Please list any health problems & note whether current or past \_\_\_\_\_

\_\_\_\_\_

Please list any psychiatric medications you are currently taking and who is prescribing them \_\_\_\_\_

\_\_\_\_\_

Please list any other medications you are currently taking, and who is prescribing them \_\_\_\_\_

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Do you have a religious affiliation? \_\_\_\_\_ yes \_\_\_\_\_ no

Please specify \_\_\_\_\_

How did you learn about Ellen Wilkins Counseling and Therapy?

\_\_\_\_\_ internet search – keyword \_\_\_\_\_

\_\_\_\_\_ Psychology Today

\_\_\_\_\_ Theravive

\_\_\_\_\_ referral

\_\_\_\_\_ previous client – name \_\_\_\_\_

\_\_\_\_\_ medical provider – name \_\_\_\_\_

\_\_\_\_\_ other – name \_\_\_\_\_