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CLIENT INFORMATION

NAME _____
DATE OF BIRTH _____ SS# _____ -- _____ -- _____
Street address _____
City _____ State _____ Zip Code _____
Mailing (if different) _____
Home phone _____ Cell _____ Work _____
Email _____ Would you like to receive updates regarding Art Therapy Austin? Y or N
How did you hear about my practice? _____
Occupation _____ Employer _____
Spouse's name _____
Spouse's Employer _____ Work ph _____
Nearest close relative & relationship _____ Phone _____
Emergency contact name & phone _____

Members of Household: Name	Age
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Have you or anyone in your family been in therapy before? _____ If yes, please list the name/s of the therapist/s and the dates of treatment:

CLIENT INFORMATION/PAGE 2

Are you or anyone in your family currently taking medication? _____ If yes, please list:

Prescribing Physician _____

Please describe any ongoing physical or health concerns. _____

Have you ever been hospitalized? _____ If yes, please list location, dates, and reason.

Please check any item that is of concern to you, or has been a concern:

PERSONAL

_____ Alcohol/Drugs

_____ Sexual orientation

_____ Anger/Temper

_____ Sexuality

_____ Anxiety

_____ Sleep problems

_____ Appearance/Weight

_____ Suicidal/Self Harm thoughts

_____ Assertiveness

_____ Trauma/s

_____ Depression

_____ Worry

_____ Eating problems

_____ Expressing feelings

_____ Financial matters

_____ Panic

_____ Sexual Abuse Victim

_____ Sexual Abuser

CLIENT INFORMATION/PAGE 3

RELATIONSHIPS

____ Grief/Loss

____ Loneliness

____ Making Decisions

____ Meeting People

____ Mood Swings

____ Physical complaints

____ Post-Partum concerns

____ Self Confidence

____ Boyfriend/Girlfriend

____ Children

____ Employer

____ Friends

____ Parents

____ Spouse

____ Other

ACADEMIC

____ Grades

____ Motivation

____ Procrastination

____ Time Mngmt

CAREER

____ Choosing a career

____ Career change

Please describe the concerns that bring you here today.

Are you interested in art therapy? Please tell me about your experiences in art (media, subject, etc.)

Are you interested in workshops or open studio time? _____

Are you interested in EMDR? What do you know about EMDR (Eye Movement Desensitization Reprocessing)?

CLIENT INFORMATION/PAGE 4

A note about my practice and termination:

If you are not satisfied at any time with my work, I invite you to discuss your concerns. Ideally, we can come to a resolution that best helps you. When it is not possible, I am happy to offer referrals if you wish to continue therapy elsewhere. Discussing “termination” of therapy helps provide closure, which is an especially good skill for healthy relationships in the future. A termination session/s also help me as a provider in my future work.

I rely on referrals to continue to maintain and grow my practice. How did you hear about my practice?

How do you hope to benefit from participating in therapy?

Thank you.