The Self-Care Path, LLC
1333 Burr Ridge Parkway, Suite 200
Burr Ridge, Illinois 60527
Phone: 708-429-0353
Fax: 386-263-8326
www.selfcarepath.com

PATIENT INFORMATION

Full Name: _____

Significant Others' Names (Couples/Family Counseling): _____

Preferred Phone Number: _____ DOB: _____

Patient's Email (to receive automatic appointment reminders): _____

PRESENTING ISSUE
Please write a brief phrase or sentence about why you are seeking counseling

_____

MEDICAL HISTORY INFORMATION

Physician: _____

Medical Diagnoses: _____

Medications: _____

Allergies: _____

PSYCHIATRIC HISTORY INFORMATION

Prior Psychological Support Services: Yes No

Provider(s): _____
(optional)
Known Diagnoses: _____

Psychiatric Medications: _____

☐ **RELEASE OF INFORMATION** *please check here if you have filled out a ROI Form*
Please fill out our *Release of Information Form* if you need us to release information about your counseling with us. Leave it blank/no need to print if it does not apply to you.

PLEASE LIST OCCUPATION IF YOU ARE A FIRST RESPONDER: _____