

Audrey A. Simmons, LMHC

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738 8th Street
Clermont, FL 34711

Telephone: 407-865-2722

Date: _____

Client: Legal Name _____

Chosen Name (if different): _____

Client Street Address: _____

City/State/Zip: _____

Phone#: _____ Home _____ Cell _____

DOB: _____ Age: _____ Sex assigned at birth: M _____ F _____

Current Gender identity: _____ Sexual Orientation _____

Referral Source: _____

BRIEFLY DESCRIBE REASON FOR SEEKING ASSISTANCE:

CIRCLE ANY OF THE FOLLOWING THAT MAY PERTAIN:

Nervousness	Panic Attacks	Suicidal Thoughts	Parents
Depression	Separation	Drug Use	Anger
Memory	Relaxation	Legal Matters	Energy
Loneliness	Low Self Esteem	Smoking	Fears
Relationships	Sexual Problems	Divorce	Stress
Self-Destructive Behaviors	Inferiority	Insomnia	Sleep
Career Choices	Parenting	Finances	Weight
Nightmares	Unhappiness	Appetite	Friends
Ambition	Concentration	Making Decisions	Pain
Health Problems	Other Physical	Other Emotional	Shyness
Work Issues	School Issues	Alcohol Use	Tiredness

SIGNIFICANT PERSONAL HISTORY

(Depression, Cultural Background, Substance Use, Eating Disorders, Psychological, Relationships, etc.)

CURRENT LIVING SITUATION

EDUCATION

(Highest grade completed, highest degree awarded on highest level of study, where, grade average, problems, activities, awards, etc.)

EMPLOYMENT HISTORY

(Career path, career goals, job satisfaction, performance concerns, etc.)

INTIMATE RELATIONSHIPS

(With whom?)

LIFESTYLE

(Exercise regime, stress management, eating habits, social life)

LEGAL

(Past legal involvement, including juvenile)

Year	Charges	County/State	Final Disposition

PENDING LEGAL CHARGES

MEDICAL

(Significant medical history, drug/alcohol treatment, surgeries, mental health treatment, sexual disorders, weight, etc.)

MEDICATION

(Past and current including vitamins)

DRUG AND ALCOHOL HISTORY

When do you use drugs/alcohol?_____

What substances do you use?_____

SPIRITUAL

(Degree of involvement, type, how beneficial?)
