Dánahy Sharonrose
Peacerose Cottage
15 SE 16th Avenue
Portland OR 97214
503.262.9079

INITIAL VISIT FORM

Name_______________________________________Today's Date______________

Address________________________________e-mail_________________________

Home Phone____________________Work Phone________________________

Birth Date________________________Time_________Location______________

POSSIBLE CONCERNS OR INTERESTS (Circle all that apply)

Alcohol	ACoA	Battering Relationship
Career	Childhood sexual abuse/incest	Creativity
Depression	Dissociation	Divorce/End of relationship
Drugs	Excessive Focus on Others	Expressing Feelings
Finding Your Life Path	Food	Grieving a Loss
Health	Life Transition	Money
Physical Abuse	Rape	Relationships
School	Self Confidence	Sexual Orientation
Sexual Identity	Sexuality	Spirituality
Stress Management	Suicidal Thoughts	Other:

Previous Counseling, Therapy or Personal Growth Experiences: With whom? Positive or Negative Experience? Describe:

Any Serious Medical Problems? Under medication?

Briefly State your Goals for Counseling or Consultation:

How did you hear of my services?
I have received a copy of the Disclosure Statement ________________________________