

Shannon Rants, MA, LPC - 720-375-5146

ShannonRantsMA@gmail.com - PO Box 9291 Denver, CO 80209

Confidential Client Information

Today's Date: _____

Contact Information:

Last Name: _____ First _____ Middle Initial _____

Address: _____

City: _____ State _____ Zip _____

Occupation _____ Highest Level of Education _____

Permission to contact you or write "N/A" if you do not want me to use:

Home Phone: _____ Work Phone: _____ Cell Phone _____

Email Address: _____

Birth Date: _____ Age: _____ Sex: Male _____ Female _____

Partner Status: Single _____ Married _____ Widowed _____ Divorced _____ Separated _____ Engaged _____

- List previous significant partnerships (first name/dates together):

- If applicable, is your partner supportive of you seeking counseling?

Do you have children? _____ Names/Ages: _____

By whom were you referred to Shannon Rants? (friend/family member/website/church)

In case of emergency please notify: _____

Medical History:

Are you currently under medical care? _____ If yes, please indicate reason

Physician's Name _____ Phone: _____

Do you take any prescription medications? _____ If yes, what are they?

Other significant medical history or hospitalizations:



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Counseling History:

Have you previously seen a counselor/therapist/psychologist/psychiatrist? Yes or No

- If Yes, Therapist Name/Dates/Location:

- When was your last appointment with your most recent therapist? _____

Have you ever attempted suicide? Yes or No

- If yes, please explain and if you were hospitalized (Dates/Location):

Have any family members attempted suicide? Yes or No

- If yes, please explain (Who/Dates/Location):

In your own words, write why you are seeking counseling:

How long have these concerns been causing you distress?

How do you hope counseling will help?

Is there anything else you feel that is important for Shannon to know:

