***Spirit and Logic, Inc.*™**

FACE SHEET

Client's Chart No. ____________

Today's Date: ________________

Current Legal Name: ________________ ____________________ __________________
(Last) (First) (Middle)

Legal Birth Name: ________________ ____________________ __________________
(Last) (First) (Middle)

Physical Address: ____
(Street) (City) (State) (Zip)

Mailing Address *(if different)*: ____
(Street) (City) (State) (Zip)

County: _________________________ Social Security No.: ________________________

Telephone(s) (*okay to leave messages?*):

____
(Home) (Cell) (Other)

Email: ____

Highest Degree/School Grade Completed: _____________________ Date of Birth: __________________

(for minors)

Parents'/Guardians' First Names & Tel(s): ____

____

School: ___________________________ Homeroom Teacher/Grade: _________________________

Assigned Sex at Birth: *M F Ambig* Current Gender Identity: *M F Ambig Unknown*

Affectual/Sexual Orientation (*if known*), attracted to: *Males Females Both Neither*

Primary Language: ______________________ Race: _________________________

Occupation: _______________________________ Spiritual Preference: _____________________________

Current living situation: ____

❑ Married ❑ Single (in a stable relationship) ❑ Single (not in stable relationship)

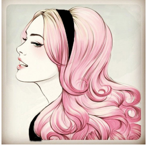
Children living at home with you? Gender(s)/Age(s): ____

Children *not* living at home with you? Gender(s)/Age(s): ____

Have you had any major injuries or medical conditions? ____

____

____



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Please list any medications/supplements/recreational drugs you are currently using (*continue on the back, if needed*):

____

____

What have you been experiencing that has initiated your interest in seeing me? ______________________________

____

____

Have you had therapy before? (If so, was it successful and why/why not?) ______________________________

____

What are your goals for accomplishing in our sessions together? ______________________________

____

Have you ever experienced trauma? If yes, what/when? ______________________________

____

Are you, or have you ever, experienced any addiction-related behaviors? ______________________________

____

Have you been thinking about harming yourself or someone else? ______________________________

Is anyone currently harming you emotionally or physically? ______________________________

Please check the negative symptoms you are experiencing or have experienced in the past six months:

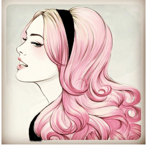
- ❑ Insomnia ❑ Fear
- ❑ Sleepiness ❑ Dizziness
- ❑ Anxiety ❑ Sadness
- ❑ Poor memory ❑ Crying spells
- ❑ Difficulty concentrating
- ❑ Agitation (grumpiness)
- ❑ Emotional outbursts
- ❑ Committing violent acts
- ❑ Confusion ❑ Shame/guilt
- ❑ Difficulty sitting still
- ❑ Losing track of time (blackouts)

- ❑ Panic ❑ Fainting
- ❑ Highly energized ❑ Tired
- ❑ Lack of ❑ Increased appetite
- ❑ Impotence
- ❑ Emotional eating
- ❑ Racing thoughts
- ❑ Negative thoughts
- ❑ Unexplained generalized physical pain
- ❑ Headaches ❑ Chest tightness
- ❑ Loneliness ❑ Hot flashes

- ❑ Withdrawals from ____________
- ❑ Paranoia (feeling something is after you)
- ❑ Upset stomach ❑ Nausea
- ❑ Night sweats ❑ Night terrors
- ❑ Hearing voices ❑ Self-doubt
- ❑ Seeing things that aren't there
- ❑ Nightmares about ____________
- ❑ Worry about ____________
- ❑ Anger about ____________
- ❑ Obsessive thoughts about ____________
- ❑ Recurring/circular thoughts about ________

Other symptoms not listed above (*continue on the back, if needed*):

____



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Last time you had a physical exam by a physician (estimation is okay): ______________________

In what modality and how frequently would you like to see me? *individual* *couple* *family* *group*

- in person: ___________ times per: *week* *month*
- telephone session (50 mins or more): ___________ times per: *week* *month*
- telephone check-in (15 mins or less): ___________ times per: *week* *month*
- email check-in (one initiation + one response): ___________ times per: *week* *month*
- Skype session (50 mins or more): ___________ times per: *week* *month*

When would you like to get started? ____________________

Emergency Contact Person: _________________________ Relation to you: __________________________

Telephone(s): ____

How did you hear about me? ____

Questions/comments: