

ELANAH D. NAFTALI, DRPH, LMFT, SEP

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CLIENT INFORMATION

PATIENT NAME _____ **DATE** _____

DATE OF BIRTH _____ **AGE** _____ **MARRIED?** _____ **#CHILDREN** _____

Home ADDRESS _____

CELL# _____ **Email** _____ **HIGHEST DEGREE** _____

EDUCATION /VOCATIONAL TRAINING _____

CURRENT OCCUPATION _____

Do you consider yourself spiritual or religious? _____

What gives your life meaning? _____

Which beliefs help you cope with stress? _____

What are your self-care practices in stressful times? _____

What are your daily practices for physical-emotional wellbeing? _____

Are you connected to people in your life? _____

Are you connected to a wider community? _____

Do you get restful sleep? How often? _____

Do you have a special diet? Allergies? _____

Are you in chronic pain (where /type)? _____

How often do you drink alcohol? _____

How often do you use recreational drugs (cannabis, etc.)? _____

Are you satisfied with your sex life? _____

Any sexual or gender identity issues to explore? _____

REASONS FOR SEEKING PROFESSIONAL HELP & WHAT YOU WOULD LIKE TO GET FROM THERAPY?

WHAT GOAL(S) WOULD YOU LIKE TO WORK ON?

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MENTAL HEALTH HISTORY / TREATMENT (Tx): PLEASE INCLUDE HOSPITALIZATIONS.

TYPE OF EPISODE / PROVIDER NAME	APPROX. YEARS OF TX	ANY ONGOING TX (MEDICATIONS /DOSAGE)

HEALTH HISTORY / HOSPITALIZATIONS (INCLUDE CHRONIC CONDITIONS & ROUTINE CONCERNS):

CHRONIC CONDITION / PAIN	PROVIDER / TYPE OF TX	CURRENT MEDICATIONS

FAMILY HISTORY OF EMOTIONAL AND/OR DRUG & ALCOHOL RELATED PROBLEMS:

FAMILY MEMBER	MENTAL HEALTH CONDITION	SUBSTANCE USE

SYMPTOM CHECKLIST (CIRCLE ALL THAT APPLY):

DEPRESSION	LOW ENERGY /FATIGUE	IRRITABILITY	DIZZY /LIGHTHEADED
HOPELESSNESS	DIFFICULTY SLEEPING	OBSESSIVE THINKING	SADNESS
HELPLESSNESS	ANGER /HOSTILITY	PANIC ATTACKS	CHEST PAIN
DISTORTED BODY IMAGE	LOW SELF-ESTEEM	FEARFULNESS	FEELING OF CHOKING
TEARFULNESS	ANXIETY	SEXUAL DIFFICULTIES	SHORTNESS OF BREATH
MOOD SWINGS	DIFFICULTY CONCENTRATING	REDUCED AROUSAL/DESIRE	DISASSOCIATION
SELF-HARM	FEAR OF DYING	BINGING /PURGING	OTHER_____

DO YOU HAVE EXPERIENCE WITH HYPNOSIS? PSYCHEDELICS OR NON ORDINARY STATES? (PLS.DESCRIBE)

ANYTHING ELSE YOU'D LIKE ME TO KNOW _____
