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**Adult Client Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Preferred Pronouns \_\_\_\_\_  
\_\_\_\_\_

Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

What are your strengths; what are you good at?

What are your hobbies? Activities? Things you like to do?

Who are you closest to and how do you spend your time together?

What things are bothering you most in your life at this time?

What signs would tell you that things are getting better in your life?

Please list anyone we could talk to help us better understand what is going on and how we can help?

**Parent / Guardian # 1**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Occupation(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Parent / Guardian # 2**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Occupation(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Referral Source: \_\_\_\_\_

**Primary reason for seeking counseling or support:**

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When did this concern begin? \_\_\_\_\_

What has been tried to resolve this concern? \_\_\_\_\_

Any Diagnosis: \_\_\_\_\_

Current Medications: \_\_\_\_\_

**Family Information and History**

Who lives in your home? (Include names, ages, and relationship to you) \_\_\_\_\_

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Describe your relationship with each parent/caregiver. \_\_\_\_\_

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Describe your relationship with each sibling. \_\_\_\_\_

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List any family history of medical illnesses, mental illnesses, and/or substance abuse concerns.

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List any current medications or diagnoses either parent is being treated for.

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**Blended, separated, or divorced families please complete the following:**

When did the divorce/separation occur? \_\_\_\_\_

What was your initial reaction to the news? \_\_\_\_\_

How was custody arranged? \_\_\_\_\_

\_\_\_\_\_

How often does you see the non-custodial parent? \_\_\_\_\_

Describe your relationship with each parent. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe each parent's current situation in terms of significant other, remarriage, step children, etc. Provide names and ages for all relevant persons.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe your relationship with step-parents, stepsiblings, half-siblings, significant others.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**Additional Information and Feedback**  
**Social / Developmental**

Please share anything you have heard about your mom's pregnancy, delivery and how you met developmental milestones such as walking and talking.

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What were you like as a baby? \_\_\_\_\_

What were you like as a toddler? \_\_\_\_\_

What were you like in elementary school? \_\_\_\_\_

What are your strengths and interests? \_\_\_\_\_

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List your extracurricular activities. Include length of time (month, years) involved. \_\_\_\_\_

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Does you have a close group of friends? Yes \_\_\_ No \_\_\_

How would you describe your friendships? \_\_\_\_\_

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Do you drive? Yes \_\_\_ No \_\_\_

Do you date? Yes \_\_\_ No \_\_\_

Are you currently in a relationship with a significant other? Yes \_\_\_ No \_\_\_ If yes, how long? \_\_\_\_\_

Are you sexually active? Yes \_\_\_ No \_\_\_

Have you ever been pregnant? Yes \_\_\_ No \_\_\_

Describe your past and current use of tobacco, alcohol or other drugs? \_\_\_\_\_

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**Additional Information and Feedback**  
**Medical / Mental Health**

Have you had any serious medical issues, now or in the past? Yes \_\_\_ No \_\_\_ Please provide details.

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Have you ever received mental health treatment before? Yes \_\_\_ No \_\_\_ If yes, please provide details.

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Have you ever been hospitalized for emotional difficulties? Yes \_\_\_ No \_\_\_ If yes, please provide details

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Have you ever talked about / attempted suicide or attempted self-harm, such as cutting? Yes \_\_\_ No \_\_\_

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Have you ever threatened or attempted to seriously harm another person? Yes \_\_\_ No \_\_\_

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Have you ever attempted to kill or seriously harm an animal? Yes \_\_\_ No \_\_\_

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Have you ever attempted to start a fire or destroy property in any way? Yes \_\_\_ No \_\_\_

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**Additional Information and Feedback**  
**Academic History**

List the schools you have attended:

| Name of School | City, State | Grade(s) |
|----------------|-------------|----------|
| _____          | _____       | _____    |
| _____          | _____       | _____    |
| _____          | _____       | _____    |
| _____          | _____       | _____    |

Have you ever been retained or repeated a grade? Yes \_\_\_ No \_\_\_

Have you ever taken advanced placement classes? Yes \_\_\_ No \_\_\_

Did you have a 504 plan or an Individualized Education Plan (IEP)? Yes \_\_\_ No \_\_\_

If yes, please list school accommodations. \_\_\_\_\_  
\_\_\_\_\_

Have you ever been suspended or expelled from school? Yes \_\_\_ No \_\_\_ If yes, please list details \_\_\_\_\_

Have you ever had any previous psychological or educational evaluations? Yes \_\_\_ No \_\_\_ If yes, please summarize the findings. \_\_\_\_\_  
\_\_\_\_\_

Please provide a copy of all evaluations.

Any other information you'd like to provide:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_