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The information requested below is intended to help me best know you. Please fill out as completely as you can. If there is anything that you would rather speak than write about, please leave blank and let me know.

Name: _____ Date of birth: _____

Address: _____

Phone: _____ Email: _____

Referred by: _____

Emergency contact: _____ Phone: _____

Relationship to you: _____

Relationship Status: _____

Name and ages of children, if applicable: _____

Occupation, if applicable: _____

Medical provider: _____

Psychiatric provider, if applicable: _____

Any health conditions/concerns: _____

Current medications: _____

Prior therapy: _____

Family mental health or addiction concerns? _____

What leads you to seek therapy at this time? _____

What would you like to be different? _____

What are your interests? _____

What are your strengths? _____

Please identify any practices or traditions that are resources/comfort/support for you:

Anything else that you would like me to know about you: _____

Thank you