HEALING THROUGH HORSEPLAY,LLC
3995 C.R. 406
MCKINNEY, TX 75071
972-562-7115
Barbara Currence, M.Ed., Licensed Professional Counselor
Certified in EAGALA

Client's Name:______________________________ Today's date:________________

Birthdate:_________________ Age:______________

Male___ Female____

Address:____
City, State, Zip:__________________________

Referred by:____________________

Home phone:__________________________ Work phone:____________________
Cell phone:_____________________________ Email:_________________________

Where would you like us to leave reminder messages (please mark all that are acceptable):
Home_______ Work_________ Cell phone_______ Email___________ None______

What recent concerns have brought you to counseling?
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What do you know about equine-assisted counseling?
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What are your goals in counseling?
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ALL ABOUT YOU

About Your Education:

Where did you attend public school? ________________________________

Did you attend college? When, where? ________________________________

Any plans to further your education? _____ If so, when and what? ______________

About Your Relationships:

Please list your marriage(s) or other important significant other relationships

	Spouse's name	Year Begun	Year Ended	Married to this person?	Children from this relationship and their ages
#1					
#2					
#3					
Please list all people who live with you					

About Your Family:

Relative	Name	Living?	Current age, or age at death	Deceased? Yes or No	Occupation
Father					
Mother					
Brother(s)					
Sister(s)					
Any other significant person?					

About Your Health:

Who is your Doctor? ______________________ Last Visit: ___________ Concerns? ____________

Do you have any chronic medical concerns? _____. If so, please list: _______________________

List all diseases, illnesses, important accidents and injuries, surgeries, hospitalizations, periods of loss of consciousness, convulsions/seizures, and any other medical conditions you have had:

____

List *all* medications or drugs (legal or illegal) you take or have taken in the last year.

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ABOUT YOUR CONCERNS

Please mark all of the items below that currently apply, and feel free to add any others at the bottom under "Any other concerns or issues." You may add a note or details in the space next to the concerns checked.

- ☐ Abuse-emotional
- ☐ Abuse-neglect
- ☐ Abuse-physical
- ☐ Abuse-sexual
- ☐ Aggression
- ☐ Anger
- ☐ Anxiety
- ☐ Arguing
- ☐ Attention Problems
- ☐ Career concerns
- ☐ Childhood issues (your own childhood)
- ☐ Children-care
- ☐ Children-custody
- ☐ Children-management
- ☐ Choices I have made
- ☐ Codependence
- ☐ Compulsions
- ☐ Compulsive spending
- ☐ Concentration Problems
- ☐ Confusion
- ☐ Crying
- ☐ Deaths
- ☐ Debt
- ☐ Decision making
- ☐ Delusions (false ideas)
- ☐ Dependence
- ☐ Depression
- ☐ Distractibility
- ☐ Divorce
- ☐ Drug Abuse-over-the-counter medications
- ☐ Drug Abuse-prescription medications
- ☐ Drug Abuse-street drugs
- ☐ Drug Abuse-Alcohol
- ☐ Eating-poor appetite
- ☐ Eating-making myself vomit
- ☐ Eating-overeating
- ☐ Eating-under-eating
- ☐ Emptiness
- ☐ Failure
- ☐ Fatigue
- ☐ Fears
- ☐ Financial troubles
- ☐ Friendship problems
- ☐ Gambling
- ☐ Goals not being met
- ☐ Grieving
- ☐ Guilt
- ☐ Headaches, pains
- ☐ Health
- ☐ Hostility
- ☐ Impulsive spending
- ☐ Impulsiveness
- ☐ Indecision
- ☐ Inferiority feelings
- ☐ Inhibitions
- ☐ Interpersonal conflicts
- ☐ Irresponsibility
- ☐ Irritability
- ☐ Judgment problems
- ☐ Laziness
- ☐ Legal matters
- ☐ Loneliness
- ☐ Loss of control
- ☐ Losses
- ☐ Low energy
- ☐ Low frustration tolerance
- ☐ Low income
- ☐ Low mood
- ☐ Marital coldness
- ☐ Marital conflict
- ☐ Marital distance
- ☐ Marital infidelity/affairs
- ☐ Medical concerns
- ☐ Memory problems
- ☐ Menopause
- ☐ Menstrual problems
- ☐ Mixed feelings
- ☐ Mood swings
- ☐ Motivation
- ☐ Mourning
- ☐ Obsessions
- ☐ Outbursts
- ☐ Oversensitive to criticism
- ☐ Over-sensitive to rejection
- ☐ Panic or anxiety attacks
- ☐ Parenting
- ☐ Perfectionism
- ☐ Pessimism
- ☐ Phobias
- ☐ Physical problems
- ☐ PMS
- ☐ Poor self-care
- ☐ Procrastination
- ☐ Relationship problems
- ☐ Relaxation
- ☐ Re-marriage
- ☐ Risk taking
- ☐ Sadness
- ☐ School problems
- ☐ Self Abuse-burning
- ☐ Self Abuse-cutting
- ☐ Self Abuse-other
- ☐ Self Abuse-scratching
- ☐ Self-centeredness
- ☐ Self-control
- ☐ Self-esteem
- ☐ Self-neglect
- ☐ Separation
- ☐ Sexual conflicts
- ☐ Sexual desire differences
- ☐ Sexual dysfunctions
- ☐ Sexual-(other issues)
- ☐ Shyness
- ☐ Sleep-insomnia
- ☐ Sleep-nightmares
- ☐ Sleep-too little
- ☐ Sleep-too much
- ☐ Step parenting
- ☐ Stress
- ☐ Stress management
- ☐ Suicidal thoughts
- ☐ Suspiciousness
- ☐ Temper problems
- ☐ Tension/Stress
- ☐ Thought disorganization
- ☐ Threats of violence
- ☐ Tiredness
- ☐ Tobacco use
- ☐ Violence
- ☐ Work Problems
- ☐ Weight and diet issues
- ☐ Withdrawal, isolating
- ☐ Employment problems
- ☐ Employment-lack of
- ☐ Employment-overdoing
- ☐ Employment-Terminations
- ☐ Other Concerns:

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