

# Bobbi Mendes, LPC, NCC

4049 Pennsylvania Ave Suite 200

Kansas City, MO 64111

816-305-9828

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Occupation: \_\_\_\_\_

Relationship Status: \_\_\_\_\_ Children: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Who suggested you come to see me ? \_\_\_\_\_

Briefly explain why you are seeking psychotherapy now:

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What would you like to accomplish with therapy?

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Have you had previous experience with Therapy? (Duration/liked/disliked/effectiveness)

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Describe any physical issues:

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If you are taking prescribed medication please indicate and include dosage:

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Are you feeling suicidal? \_\_\_\_\_Have you felt this way before? \_\_\_\_\_

Please describe any family history of mental illness:

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List nay current or past drug and/or drug use: \_\_\_\_\_

Describe any other issues of importance at this time:

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