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Psychology for Meaningful Change, P.S.

Client Information

Today's Date: _____

Client Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

What is your preferred form of contact for appointment-related: Phone Email Text

Phone number (_____)_____ May I leave a message? Yes [] No []

Email address: _____

Date of Birth: _____

Identifying gender: _____ Preferred pronoun(s): _____

Emergency Contact (name & phone number): _____

What is this person's relationship to you? _____

Name of person referring you to me: _____

May I thank this person for referring you? Yes [] No []

SIGNATURE/AGREEMENT I, _____, have read and understood the policies and procedures for consultation with Dr. Wolkenstein. I have had the opportunity to discuss any concerns or questions that I might have. I understand my rights and my responsibilities as outlined in the above-mentioned handout.

Client Signature: _____

Date: _____

Background Information

Client Occupation: _____ Employer: _____

Name of Spouse/Partner (if applicable): _____

Spouse/Partner's Occupation: _____

What is your primary goal for seeking consultation?

What attempts have you made to reach this goal, and what kinds of success(es) have you had?

What obstacles arise that impact your ability to reach or maintain this goal?

Would you like assistance with

Patterns of interaction/Conflict management	Yes [] No []
New skills to address a phase of life issue in myself or others	Yes [] No []
Building confidence	Yes [] No []
Self-Reflection	Yes [] No []
Self-defeating or ineffective behaviors	Yes [] No []
Attitudes/beliefs that cause conflict with important people	Yes [] No []
Emotional reactivity and/or responses to stress/unanticipated change	Yes [] No []
Developing motivation for goals/projects	Yes [] No []
Defining goals for the present and/or the future	Yes [] No []
Defining values to guide important choices	Yes [] No []

What physical/health conditions or experiences are you facing/managing currently?

Do you have a medical professional/team with whom you are addressing this? Yes [] No []

What mental health conditions or experiences are you facing/managing currently?

Do you have a mental health professional/team with whom you are addressing this?

Yes [] No []

What addictive processes are currently active in your daily/weekly/regular life?

Do you have an addiction professional/team with whom you are addressing this? Yes [] No []

What processes of self-care do you use with regularity?
