

CLIENT INFORMATION/Individual Therapy

Amy Sander Montanez, D.Min, LPC, LMFT
Personal and Family Growth Associates, Inc.

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phone 803-254-5650
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Last Name First Name Date

SSN Employer/Occupation:

Who referred you to Dr. Montanez? May I thank her/him? Y N

FAMILY INFORMATION

(NOTE: Include yourself in the following) If you are or have been married, complete for that family. If you are single, complete for your birth family including yourself. Begin with adults, and then children, oldest to youngest.

Name (first & last) Date of birth Sex Relationship

Table with 4 columns: Name (first & last), Date of birth, Sex, Relationship. Contains 6 empty rows for data entry.

Home Address City State Zip

List contact information and please mark "Yes" or "No" if I may contact you this way:

Home Phone Y N Cell Phone Y N

Work Phone Y N Email address Y N

If there is ever an emergency while you are at my office, whom should I contact?

Name: Phone

Family Physician: Name Phone

If you or anyone in your family is presently seeing a specialist (urologist, allergist, etc.), please provide the following information (use back of page if needed):

Specialist Name: Phone

Family Member Reason

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Please check any additional concerns:

	Abortion		Financial Troubles		Self-Esteem
	Abuse – Emotional		Friendship Problems		Self Injury
	Abuse – Physical		Gambling		Sexual Abuse/Assault
	Abuse – Verbal		Gender Identity		Sexual Arousal
	Adoption		Grief		Sexual Compulsive Behaviors
	Alcohol Use/Misuse		Health Concerns		Sexual Desire Differences
	Anger		Hostility		Sexual Orientation
	Anxiety/Nervousness		Impulsiveness		Sexual Pain or Discomfort
	Career concerns		Infidelity/Cheating		Sexual Performance
	Childhood issues		Irritability		Shyness
	Children/Family Planning		Lacking Love & Affection		Sleep
	Concentration		Laziness		Smoking/Tobacco Use
	Communication		Legal Matters		Spirituality
	Crying		Loneliness		Stress
	Debt		Loss of Interest in Activities		Suicidal Thoughts, Plan or Intent
	Dependence		Loss of Interest in Sex		Temper Problems
	Depression		Mood Swings		Violence or Threats of Violence
	Divorce/Separation		Motivation		Weight/Body Image
	Domestic Violence		Nightmares		Work Issues
	Drug Use/Misuse		Obsessions/Compulsions		Other concerns or issues:
	Eating Concerns		Orgasm Issues		
	Education/School		Panic or Anxiety Attacks		
	Fatigue		Pornography Use		
	Fears or Phobias		Relationship Problems		