

# Karla Obernesser, LMHC

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## Confidential Client Data Form CONTACT INFORMATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Street address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ OK to send mail?  
 Yes  No

Date Of Birth/Place: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ OK to Call? OK to leave Message?  
 Yes  No  Yes  No

Work Phone #: \_\_\_\_\_  Yes  No  Yes  No

Cell Phone #: \_\_\_\_\_  Yes  No  Yes  No

Email: \_\_\_\_\_ OK to Email?  
 Yes  No

Employer/School \_\_\_\_\_

Occupation/Grade \_\_\_\_\_

Who referred you to me: \_\_\_\_\_

Do I have your permission  
to send thanks?  
 Yes  No

## HEALTH INFORMATION

Have you ever been hospitalized? (If yes, please provide details): \_\_\_\_\_

\_\_\_\_\_

Do currently have any medical conditions? (if yes, please provide details): \_\_\_\_\_

\_\_\_\_\_

Are you currently taking any medications? (Please list names, dosages, and prescribing doctor.): \_\_\_\_\_

Have you previously been in psychotherapy? \_\_\_\_\_

When and for what issues? \_\_\_\_\_

Was it helpful? (Why or why not?) \_\_\_\_\_

\_\_\_\_\_

Please provide a name and phone number of whom to call in case of an emergency:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_

## FOLLOW UP

To help me continue my development as a clinician, I send a brief survey to clients 4-6 weeks after they have ended treatment with me. Completing this form is optional and anonymous.

Please choose one of the following:

Please email me the link to the form. I understand that I can decide at that time whether or not I wish to complete it.

Please opt me out of receiving this form. I do not wish to receive it.

I am also interested in whether you are able to maintain your treatment goals when you complete therapy with me. I would like to send a brief form to check in with you a year after you finish treatment.

Please choose one:

You are welcome to contact me one year after I complete therapy to check in on how I am doing. I understand that I can decide at that time whether or not I wish to respond.

Please opt me out of the one-year follow up.