Dawn Womack, MSW, LCSW, BACS
Child and Adolescent Counseling, LLC
Email Haley@dawnwomack.com Website www.dawnwomack.com
Phone (225) 647-5500 Fax (225) 208-1366

Please fill out the following information as completely as you can.

Name:	Birthdate:

Age:	School/Employer:

Address:
City, state, zip code:

Emergency contact name/number:

Insurance company:	Is this a Medicaid plan? **Yes** ☐ **No** ☐
Policy holder's name:	Date of birth:

Policy holder's address:
City, state, zip code:

Do you have a secondary insurance: **Yes** ☐ **No** ☐	**If yes, provide the following information:**

Secondary insurance company:	Is this a Medicaid plan? **Yes** ☐ **No** ☐

Secondary policy holder's name:	Date of birth:

Secondary policy holder's address:
City, state, zip code:

Who referred you to us?

Have you had counseling before (including school counselors)? **Yes** ☐ **No** ☐ **If yes, please describe:**

List previous counselor(s), reasons for and outcome of counseling:

What concerns bring you to counseling?

When were these concerns first noticed?

What would you like to gain from counseling?

Have you been affected by any of the following traumatic experiences:
Separation or Divorce: Yes ▢ No ▢
Emotional or Psychological Abuse: Yes ▢ No ▢
Neglect or Abandonment: Yes ▢ No ▢
Disasters (flood, hurricane, tornado, house fire, war): Yes ▢ No ▢
Life threatening injuries (burns, falls, near drowning): Yes ▢ No ▢
Domestic Violence: Yes ▢ No ▢
Death of close relatives/friends: Yes ▢ No ▢
Mental Illness in Family History (including anxiety/depression): Yes ▢ No ▢
Substance Abuse in Family History: Yes ▢ No ▢
Sexual abuse, sexual assault, rape: Yes ▢ No ▢
Other:

What are your strengths?
What are your weaknesses?

Your physician:

Are you taking any prescription drugs at this time? Yes ▢ No ▢ If yes, please list medication/purpose:

I understand that Dawn Womack does not participate in court issues: **Yes** ▢ **No** ▢
To receive text or email appointment reminders (or both), please provide your contact information below:

Text:	Email:

Please note: appointment reminders are computer generated. If you do not receive a reminder confirming an appointment you believe to be scheduled, please contact our office to verify that your appointment is on the schedule. Carefully read the time and date on the reminder(s) you receive and resolve any conflicts prior to the scheduled appointment time. We use the computer schedule to enforce the 24 Hour Cancellation Policy and suggest signing up for appointment reminders and checking them carefully when you receive or don't receive an expected appointment reminder.