

Wellness Evolutions, P.L.C.
Elizabeth Borg, PhD, N.D.
580 Forest Ave. Ste 1B
Plymouth, MI 48170

Date _____

Name _____ Birthdate _____ Age _____ Sex _____
Last First M.I.

Address _____ Social Security _____
Street City State Zip Code

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Marital Status: Sin _____ Mar _____ Wid _____ Spouse Name: _____

Occupation _____ Education _____

Employer
Name Address

Referred for therapy by: _____
Name Relationship Address

Physician: _____
Name Address City

Please list any chronic ailments you have:

What medications do you take regularly?

Have you had any previous therapy or counseling? (Please describe dates, names and address of therapists)

Have you ever been hospitalized for psychiatric reasons? (Briefly describe dates, names and address of therapists)

Briefly describe anything specific in your life that led you to seek professional help at this time.

Briefly describe your goals in therapy at this time.

Briefly discuss any behavior, past or recent, which you feel is a problem or a danger to your well-being (example: alcohol, medication or street drug use, recklessness, self-destructive impulses, attempts at suicide).