

DLG Counseling Associates

Emily K. Ryzuk, Ed.S., LPC, ACS

18 MacCulloch Ave, 2nd Floor ▪ Morristown, NJ 07960

Phone: (973) 476-1329 ▪ (973) 998-4533

NPI#: 1407213861

Name: _____ Date: _____

Address: _____

Primary Phone: _____

Can I leave a detailed message on this voicemail?

- Yes
- No

Work Phone: _____

Can I leave a detailed message on this voicemail?

- Yes
- No

Email: _____

Can I leave a detailed message on this email address?

- Yes
- No

Age: _____ DOB: _____

Male/Female (Circle One)

Emergency Contact Name: _____

Phone: _____ Relationship: _____

In the event of an emergency, can I give information to this person?

- Yes
- No

With whom do you live? (spouse/children/parents):

Do you feel safe at home?

Who may we thank for you coming to see us?

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1. Presenting Problems:

Please Indicate Chief Complaints (What do you see as a problem needing help?):

- Suicidal ideation/ homicidal ideation
- Depression
- Anxiety
- Compulsions
- Obsessions
- Psychosis (a break from reality)
- Eating disorder
- Self-mutilation
- Recent loss
- Physical or sexual abuse
- Relationship problems (non-romantic)
- Addictions
- Sleep disturbances
- Flashbacks
- Infertility
- Issues Surrounding LGBT Identity
- Marital/Relationship Issues

Explain:

Have you ever been in counseling before? Yes No

For this issue or other? If Yes, please explain:

Previous Therapist/Psychiatrist:

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Have you ever been admitted to a hospital or outpatient facility for psychiatric treatment? If yes, please explain:

Are you currently taking any medications? Please list:

Do you have any medical problems for which you are being treated at the present time?

If yes, please explain:

2. Social Environment:

Marital Status:

- Single (never married)
- Married.....for_____
- In a partnership...for _____
- Living together...for _____
- Engaged...for _____
- Divorced.....for _____
- Widow/ed...for _____
- Separated...for _____

How would you rate the quality of your current/past relationship on a scale of 0-10, with 0 being very destructive/abusive and 10 being very supportive and healthy?

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Who would you consider your Support System?

What is your religious/spiritual affiliation? Does it influence your life?

3. Family of Origin:

Do you have any brothers or sisters? If yes, what are their ages and where do they live?

Are your parents still living? Where do they live?

How would you rate your relationship with them, on a scale of 1-10, with one being “estranged” and 10 being “very close”?

Does anyone in your family have a history of: ___ mood disorders ___ suicide ___ anxiety disorders ___ psychosis ___ substance abuse?

If yes, please explain:

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4. Abuse History: (Childhood/Adolescence)

Were you ever physically/ sexually abused as a child/adolescent?: _____ No _____ Yes

If yes, do you remember what age or how long it lasted?

As a child/adolescent, were you ever emotionally/verbally/physically abused? If yes, please explain:

Have you ever found yourself in the role of an abuser? If yes, please explain:

5. Education-Employment-Legal:

What is the highest level of education you achieved?

Are you currently employed? If yes, what type of work do you do? If no, please explain:

Have you ever served in the Military? If yes, please explain:

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Have you ever been arrested? If yes, please explain:

6. SUBSTANCE USE HISTORY

Please check the following, if they apply, and approximate frequency of use:

Alcohol

Marijuana:

Cocaine:

Heroin:

Prescription Drugs:

Others:

Do you see substance abuse as a problem? _____ No _____ Yes

If yes, please explain:

Does your family see substance abuse as a problem of yours?

Have you ever been hospitalized for substance abuse rehabilitation? If yes, when and where?
