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Clients Personal and Family History

Date: _____ Social Security #: _____

Full Name: _____

Address: _____

City/State/Zip: _____

Age: _____ Birth Date: _____ Place of Birth: _____

Marital Status: _____ Religion: _____ Ethnic Background: _____

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

Email Address: _____

Name, age, current address, educational history, cause and date of death (if applicable). Of parents, brothers, sisters, spouse or companion, children and significant others.

Your educational background:

Elementary School: _____

Middle School: _____

High School: _____

College, Graduate School: _____

Your work history: (include current job): _____

If married, when? If divorced or separated, when? Please list other marriages, divorces, separations, or annulments.

How much has your family influenced your plans and ambitions? Somewhat () A little () Not at all ()

How different is your present household from the family in which you grew up? _____

Circle three (3) of the listed adjectives that best describe the family in which you grew up:

strict, supportive, affectionate, distant, warm, helpful, silent

Circle three (3) of the listed adjectives that best describe your current household:

strict, supportive, affectionate, distant, warm, helpful, silent

Who are the family leaders? _____

Do you seek help from: others outside the family (friends, teachers, ministers, etc.)? _____

In your family, do you have a greater tendency to discuss facts or feelings? _____

If angry feelings are discussed most often are tender feelings shared? _____

Do your disagreements get resolved? _____

How do you feel about the results? _____

Are the people in your family expected to do something when you are upset? _____

Can your family work as a team to plan vacation, family outings, menus, etc.? _____

Please note any drug or alcohol use by yourself or members of your family. State if you or family members have received treatment for these problems. _____

Have you been in therapy before? If yes, please state for what reason and with whom? _____

Has there or is there now a member of your family in treatment for emotional problems? If yes, please state for what reason and with whom? _____

Do you or any of your family have learning or physical problems that affect attentiveness or ability to learn in school? If yes, please describe. _____

Have you had any serious illnesses or accidents? If yes, please describe. _____

Do you have nightmares? If yes, how often. _____

Have you ever been sexually molested, abused or raped? If yes, when and by whom? _____

Has anyone in your family been sexually molested, abused or raped? If yes, when and by whom? _____

Are you concerned about sexual practices of anyone else in your family? If yes, please explain. _____

Are you afraid of someone in your family? If yes, please explain. _____

Are you afraid of anyone else? If yes, please explain. _____

Have you ever thought about or made a suicide attempt? _____

Do you feel there is no point for the future? _____

Have you or a member of your family shown a major change in behavior within the last year? If yes, please explain.

Do you ever go on eating, drinking, or gambling binges and or any other kind of behavior that you would consider out of your control? If yes, please explain. _____

Do you ever make yourself vomit or take laxatives to control your weight? _____

Do you find yourself refusing to eat or take care of your medical problems to punish members of your family or yourself? _____

If you have any wish, what is it? _____

Payment Policy:

Payment is due at the time service is rendered unless other arrangements have been made.

Insurance Coverage:

If you have insurance coverage, you are still responsible for payment in full. We are willing to file your insurance forms and assist you in whatever paperwork is necessary.

Appointment Times:

Therapy sessions are tailored to your needs. Most sessions are 50 minutes; however, there are times when a 90-minute or a 120-minute session is planned. Some family sessions may be planned for a 4 to 5 hour segment of time. Any consideration to vary the 50-minute session will be discussed with you to ensure you will be comfortable before any change is made.

Phone Call Policy:

You are welcome to call appointment times with the understanding if the call lasts more than 10 minutes the standard billing fee will be in effect.

Cancellation Policy:

Notify the office as soon as possible if you are not able to keep your appointment. You will be charged your regular fee if cancellations are made less than 24 hours in advance. Insurance companies are not responsible for payment when appointments are not kept by the client. Therefore you will be the person responsible for paying the fee for the missed appointment.

I have read, understand and agree to the policies outlined above.

Signature: _____ Date: _____