

**Pogue Counseling**  
**Alan L. Pogue**  
**M.H.R., Ph.D., LMFT, LPC**  
4700 West Commercial, Suite B1  
North Little Rock, AR 72116  
(501) 658-6194

**Personal Information:**

Name(s): \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Primary Phone #: \_\_\_\_\_  
Work Phone #: \_\_\_\_\_ (May we call you at work?)  
Email Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Relationship Status: \_\_\_\_\_ (If married, Spouse's name): \_\_\_\_\_  
Employer: \_\_\_\_\_ How long at current job? \_\_\_\_\_

Emergency Contact Name and Number: \_\_\_\_\_

**Current Concerns**

(Answer as many questions as apply to you.)

1. What concern(s) brings you in today?
  
  
  
  
  
  
  
  
  
  
2. How long have you been dealing with this (these) concerns?
  
  
  
  
  
  
  
  
  
  
3. Please describe any details that relate to the concern(s).

4. What do you hope to accomplish in counseling?
  
  
  
  
  
  
  
  
  
  
5. Have you been in therapy before about the current concerns or related items? If so, with who and when?
  
  
  
  
  
  
  
  
  
  
6. List any current medications.
  
  
  
  
  
  
  
  
  
  
7. List any current physical symptoms such as lack of sleep, overeating, headaches, etc.
  
  
  
  
  
  
  
  
  
  
8. Is there anything else the counselor should know about you?

How did you find me?

\_\_\_Internet Search

\_\_\_Referral

Who? \_\_\_\_\_

\_\_\_Advertisement

Where \_\_\_\_\_