

**Dr. Connie McReynolds**  
**Morningstar Educational & Psychological Services, Inc**  
**GENERAL INFORMATION**

**CLIENT INFORMATION**

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Client's Name: \_\_\_\_\_

Phone#: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**EDUCATION**

Highest level of education completed: \_\_\_\_\_

Were you diagnosed with a learning disability? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

If no, please describe if you felt that you struggled more than others to keep up with the pace:

\_\_\_\_\_

**IDENTIFIED CONCERN/DIAGNOSIS**

Primary Concern/Diagnosis: \_\_\_\_\_

\_\_\_\_\_

Secondary Concern/Diagnosis: \_\_\_\_\_

\_\_\_\_\_

How do these concerns affect your work or the things you enjoy?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Medications (And what are you taking it for?):

\_\_\_\_\_

\_\_\_\_\_

Describe energy level (1- none, 10- very high): \_\_\_\_\_

Have you ever been treated/hospitalized for emotional problems? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain:

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Are you currently in counseling/therapy? (If yes, how often and how long have you been attending?)

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## **HISTORY**

Coma: Yes \_\_\_\_ No \_\_\_\_

If yes, please explain: \_\_\_\_\_

Head trauma: Yes \_\_\_\_ No \_\_\_\_

If yes, please explain: \_\_\_\_\_

Sport injuries: Yes \_\_\_\_ No \_\_\_\_

If yes, please explain: \_\_\_\_\_

Other injuries: \_\_\_\_\_

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## **MILITARY SERVICE**

Are you a Veteran? Yes \_\_\_\_ No \_\_\_\_

Branch of Service: \_\_\_\_\_ Date of Service: \_\_\_\_\_

Any related military conditions: \_\_\_\_\_

## **OTHER**

Allergies: Yes \_\_\_\_ No \_\_\_\_

If yes, please detail: \_\_\_\_\_

Dietary restrictions: Yes \_\_\_\_ No \_\_\_\_

If yes, please explain: \_\_\_\_\_

History of color blindness: Yes \_\_\_\_ No \_\_\_\_

If yes, please explain: \_\_\_\_\_

## **GOALS**

Given the services you're selecting, what are your goals? What do you hope to accomplish through these services?

1.

2.

3.

## **ADDITIONAL COMMENTS**

Any additional information will be helpful.