

Silver Lining Counseling Services LLC  
Elizabeth Ross LMFT LPC  
12295 Oracle Blvd. Ste 210  
Colorado Springs, CO 80921  
Phone: 719-339-4179  
E-mail: [elizabeth@younifycounseling.com](mailto:elizabeth@younifycounseling.com)

Welcome! Before your first session, print this form and take a few minutes to answer the following questions. Please do your best to be honest as you respond. I look forward to meeting you!

Name \_\_\_\_\_

1. Who in your life is most supportive (perhaps a pastor, friend, or family member):

---

---

2. Have you ever been hospitalized for mental health reasons?

---

3. Are you currently using any medications? \_\_\_\_\_

---

4. Are drugs or alcohol involved in your life or the life of someone close to you?

---

---

5. Are you or someone you care for in danger of being harmed? Yes No Please explain:

---

---

---

6. What are your goals? What do you hope is accomplished as a result of our work together?

---

---

---

7. Anything else you would like me to be aware of at this time?

---

---

---

---

Thank you for taking time to reflect and respond to these questions. I look forward to meeting with you!