



1407 Hillsborough St
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(919) 413-0367
www.elizabethtatum.org

Liz Tatum MA, NCC, LPC
Psychotherapist

liz.tatum@hotmail.com

Fill me in with a few details of your personal story...

Today's Date: _____

Name: _____

Date of Birth: _____

Snail Mail: _____

Email: _____

Cell Number: _____

Education Level: _____

Employer: _____ Position: _____

Emergency contact: _____ Relation: _____

Family of Origin:

Sibling names: _____

Family of Choice:

Spouse/Partner: _____ N/A

Children/ages: _____ N/A

Current/Previous Mental Health Diagnosis: _____

Current Medications: _____



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Primary Care Physician/Contact Info: _____
_____ N/A

Psychiatrist Name: _____ N/A

Previous Hospitalizations (hospital/date/reason): _____

_____ N/A

Your vision for this therapy process: _____

Do you have hope for yourself? Yes No

Highlight the words that currently describe you

Circle the words you are working toward

introverted	adventurous	leader	fickle
extroverted	balanced	logical	passive
adaptable	calm	modest	honest
goal oriented	optimistic	observant	conformist
ambitious	confident	peaceful	anxious
likable	risk taker	intentional	predictable
strong	dramatic	realistic	skeptical
friendly	empathetic	self critical	competitive
kind	forgiving	sensitive	decisive
misunderstood	healthy	impulsive	insecure
misguided	intuitive	patient	aggressive