

Client Information

Name: _____ Date: _____ - _____ - _____

Occupation: _____ Date of Birth: _____ - _____ - _____ Age: _____

Phone: _____

May I call you and leave a voicemail at this number? (Y/N) _____

Address: _____

Can you receive confidential mail here? (Y/N) _____

If no, where can you receive confidential mail? _____

Email Address: _____

May I contact you by email for scheduling purposes? (Y/N) _____

**Since email is not a totally confidential means of communication, please consider this as you communicate with me. While I will make a reasonable effort to keep what is written private, it is suggested that very personal information be communicated by phone, on paper, or in person.*

Do you plan on submitting claims to insurance for reimbursement? (Y/N) _____

If yes, do I have your permission to release the minimum necessary information to your insurance company in order for your claims to be processed? (Y/N) _____

If so, please sign and date below:

Signature: _____

Date: _____ - _____ - _____

How did you hear about me?

Who, if anyone, has urged you to come here? _____

Briefly tell me about the concerns that have brought you here.

Do you currently have any medical issues?

List all current medications; including herbal, and how long you have been on them.

Have you been on any medications in the past for mental health issues?

Please list:

Have you **previously** seen a therapist? _____

Who? _____ When? _____

Are you **currently** seen a therapist? _____ Who? _____

Have you ever been hospitalized for mental health issues? _____

If so, briefly describe:

Have you had any previous suicide attempts? _____

If so, briefly describe:

Does anyone in your family have a history of mental/physical health issues? Who?

What type?
