

If you are uncomfortable answering any questions listed on this form, please leave them blank. If you would prefer, we can discuss these questions in session.

New Client Form

Name: _____ Date of Birth: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Can I contact you at home? Yes / No Can I leave a voice message? Yes / No

What is the best way to contact you? _____

What is your gender identification? _____

What are your gender pronouns? _____

What is your sexual orientation? _____

Do you identify with any culture/ethnicity/religion/spirituality? If so, please list or briefly describe: _____

Emergency Contact Information

Name: _____ Phone Number: _____

Relationship to you: _____

Medical History

Please list any current or chronic medical conditions: _____

Are you currently taking any medications? Yes / No

If yes, please list medication and dosage: _____

Are you currently under the care of a Medical Provider? Yes / No

Medical Provider Name: _____

Address: _____

Any current drug or alcohol use? If so, please list amount and frequency: _____

Do you currently feel that you have an issue with substance abuse? Yes / No

Have you ever felt that you had an issue with substance abuse? Yes / No

Family Background

Who made up your family of origin? _____

Is there any history of mental health or substance abuse issues in your family? If so, please describe: _____

Was a specific culture or religion/spirituality a part of your upbringing? If so, please describe: _____

Do you currently feel that you have a healthy support system? Yes / No

If yes, please describe: _____

Therapy Background

Have you previously been under the care of a mental health provider, such as a psychiatrist, psychologist, psychotherapist, or counselor? Yes / No

If yes, please briefly describe your experience including the approximate dates of therapy and the nature of the issue(s) for which you sought attention: _____

Have you experienced any significant life changes in the past year? Yes / No

If yes, please briefly describe: _____

Why are you seeking therapy at this time? _____

What do you hope to gain from therapy now? _____

Are there currently any resources or social services you need to obtain? If so, please describe: _____

Is there anything else you'd like to note on this form? If so, please use this space:

How were you referred to me? _____