

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 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: \_\_\_\_\_

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

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

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Why are you seeking therapy at this time? \_\_\_\_\_

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What do you hope to gain from therapy now? \_\_\_\_\_

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

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

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How were you referred to me? \_\_\_\_\_