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New Client Information

Today's Date: _______________

Name: ________________________________
Address: ______________________________
____
City/StateZip: _______________ ___ ________

Phones: (✓= best place to leave a message)
❑ Home: ______________________________
❑ Work: ______________________________
❑ Cell/Other: ___________________________

E-Mail: _________________________________
Referred by: _____________________________

Date of Birth: _______________ Age: _____
SS#: ___________________ ❑ Male ❑ Female ❑ ________
Education/Degree: ________________________________
Occupation: ______________________________________
Employer: _______________________________________
❑ Single, ❑ Married ❑ Partnered ❑ Separated
❑ Divorced ❑ Widowed ❑ Other: _____________
Person Responsible for Payment: ❑ Self ❑ Other:
Name: ___________________________________
Address: _________________________________
____
Phones: _________________________________
❑ Bill Insurance? (Please provide insurance card)
❑ I will pay out of pocket.

What brings you here at this time?
____
____

How long has this been going on?
____
____

What would you like to address?
____
____

What outcome would you like to have happen as a result of being here?
____
____

List people in your current household/family (i.e. names, ages, relationship):
________________________ ______ ____________________
________________________ ______ ____________________
________________________ ______ ____________________
________________________ ______ ____________________

List family members you grew up with (name, current age, location, relationship):
________________________ ______ ____________________ ______________________
________________________ ______ ____________________ ______________________
________________________ ______ ____________________ ______________________
________________________ ______ ____________________ ______________________
________________________ ______ ____________________ ______________________
________________________ ______ ____________________ ______________________

Previous Therapy (with whom, when, for how long):
______________________ ______________________ ______________________ ______________________
______________________ ______________________ ______________________ ______________________