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NEW CLIENT INFORMATION FORM

Name _____ Date ____/____/____

Address _____

City _____ State _____ Zip _____

Social Security Number ____/____/____ Date of Birth ____/____/____

Telephone (*Please indicate if discretion is necessary*)

Home (____)____-____ Yes No Work (____)____-____ Yes No

Cell (____)____-____ Yes No E-mail _____ Yes No

Referral Source (*Please provide the name and phone number of the person or agency that referred you for psychotherapy.*)

Name _____ Phone (____)____-____

May I notify the referral source that you have made an appointment? Yes No

Emergency Contact _____ Phone (____)____-____

Address _____

City _____ State _____ Zip _____

Relationship _____

Gender Male Female Other _____

Ethnicity _____ Religion _____

Highest Level of Education Completed _____

Relationship Status Single, not dating Single and dating Married

Divorced Committed Relationship Widowed

Other _____

Employer _____ Job Title _____

Insurance Provider _____ Policy number _____

Primary Care Physician _____ Phone (____)____-____

Therapist _____ Phone (____)____-____

Psychiatrist _____ Phone (____)____-____

Current Medical Conditions or Illnesses _____

Current Medication(s) and Dosage(s) _____

Presenting Issues (*Please describe the concerns that lead you to seek therapy*) _____

Continue on Back

Are you currently using any substance (alcohol or other drugs) in a manner, which concerns you or has concerned others who know you? _____

Do you or any member of the family in which you were raised have a history of substance abuse or dependence? _____

What are your goals in seeking mental health services? _____

Please rate and comment on the following factors regarding your current level of satisfaction or dissatisfaction on each of the following dimensions.

Work/Career	0 1 2 3 4 5 6 7 8 9 10 <i>Extremely Dissatisfied</i> <i>Very Satisfied</i>	Comments
Romantic Relationship	0 1 2 3 4 5 6 7 8 9 10 <i>Extremely Dissatisfied</i> <i>Very Satisfied</i>	
Family Relationships	0 1 2 3 4 5 6 7 8 9 10 <i>Extremely Dissatisfied</i> <i>Very Satisfied</i>	
Friends/social Support	0 1 2 3 4 5 6 7 8 9 10 <i>Extremely Dissatisfied</i> <i>Very Satisfied</i>	
Exercise/Fitness	0 1 2 3 4 5 6 7 8 9 10 <i>Extremely Dissatisfied</i> <i>Very Satisfied</i>	
Sex	0 1 2 3 4 5 6 7 8 9 10 <i>Extremely Dissatisfied</i> <i>Very Satisfied</i>	
Spirituality	0 1 2 3 4 5 6 7 8 9 10 <i>Extremely Dissatisfied</i> <i>Very Satisfied</i>	