

New Client Information

(Each member of a couple please complete one of these forms.)

Name _____ Date ____/____/____

Address _____

City _____ State _____ Zip _____

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

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 _____ 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

My preferred method of payment: Visa MasterCard Cash Check

Employer _____ **Job Title** _____

Insurance Provider _____ Policy Number _____

Primary Care Physician _____ Phone (____)____-____

Previous Psychotherapist _____ Phone (____)____-____

Psychiatrist _____ Phone (____)____-____

Current Medical Conditions or Illnesses _____

Current Medications and Dosages _____

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

Please complete other side

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 / dependence or mental and/or emotional problems?

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 Extremely Dissatisfied Very Satisfied	Comments
Romantic Relationship	0 1 2 3 4 5 6 7 8 9 10 Extremely Dissatisfied Very Satisfied	Comments
Family Relationships	0 1 2 3 4 5 6 7 8 9 10 Extremely Dissatisfied Very Satisfied	Comments
Friends/ Social Support	0 1 2 3 4 5 6 7 8 9 10 Extremely Dissatisfied Very Satisfied	Comments
Exercise/ Fitness	0 1 2 3 4 5 6 7 8 9 10 Extremely Dissatisfied Very Satisfied	Comments
Sex	0 1 2 3 4 5 6 7 8 9 10 Extremely Dissatisfied Very Satisfied	Comments
Spirituality	0 1 2 3 4 5 6 7 8 9 10 Extremely Dissatisfied Very Satisfied	Comments
Life Goals	0 1 2 3 4 5 6 7 8 9 10 Extremely Dissatisfied Very Satisfied	Comments