
NEW CLIENT FORM

Please answer the questions below and bring this form to your first session. Information you provide here is protected as confidential information.

PERSONAL INFORMATION

Last name _____ First _____ Middle _____

Address _____

City _____ State _____ Zip _____

Home phone _____ May I leave voice messages? Yes No

Cell phone _____ May I leave voice/text messages? Yes No

Email _____ May I email you? Yes No

*Please note: Email is not considered to be a confidential medium of communication. It is only recommended for contact regarding scheduling and is not recommended for communication of therapeutic issues.

Birth Date _____ Age _____ Gender Identity/Pronouns _____

Occupation _____ Education Level _____

Referred by _____

Parent/Legal Guardian Information in case of emergency:

Name _____ Phone _____

Relationship _____

GENERAL HEALTH AND MENTAL HEALTH HISTORY

Have you previously received any type of mental health services? Yes No

Previous therapist/practitioner: _____

Dates attended therapy: _____

Have you ever been psychiatrically hospitalized? Yes No

When: _____ Where: _____

Have you had psychological or neuropsychological testing? Yes No

When: _____ By whom: _____

Are you currently taking any prescription medication? Yes No

Please list: _____

Have you ever been prescribed psychiatric medication? Yes No

Please list and provide dates: _____

Name/Phone Number of your Medical Doctor: _____

Date of last doctor visit: _____

How would you rate your current physical health?

Poor Unsatisfactory Satisfactory Good Very Good

Please list any specific health problems you are currently experiencing:

Are you aware of any family history of mental illness? If so, please note what illness (e.g., substance abuse, eating disorders, depression, anxiety) and which family member (e.g. father, grandmother, uncle).

Are there questions you have for me that you would like me to address at our first session?

Thank you for taking the time to complete this form.

_____/_____/_____
Client Name (please print) Signature Date