

NEW CLIENT INFORMATION

Couple's Form

Today's Date _____

Name of Client 1 _____ DOB _____ Age _____

Name of Client 2 _____ DOB _____ Age _____

Current address _____

City, State, Zip _____

Best Phone Number to Reach You _____

Is it OK to leave you a message at this number? Yes No

Email Address _____

Is it OK to contact you through email as additional means of communication? Yes No

Client 1's Employer _____

Occupation _____

Client 2's Employer _____

Occupation _____

Who referred you? How did you learn about my services?

What is your reason for seeking therapy?

Have you consulted a mental health professional in the past? _____

If so, when? _____

Are either of you presently under a physician's care? _____ If yes, who and please explain: _____

Do either you take any medications regularly? _____ If yes, who and please list them: _____

In case of emergency, who should I contact?

Name _____ Relationship _____

Address _____

Phone _____

Financial Policy Information:

Full payment is expected at the time services are rendered. Any other arrangements for payment are to be discussed with your therapist.

Appointment cancellations must be made at least 24 hours in advance in order to avoid being charged full session fee.

Who is responsible for payment?

Name _____

Phone _____

I have read and understand the above policy.

Signature (client 1)

Signature (client 2)

Date

Therapist Signature

Date