1

NEW CLIENT INFORMATION

Couple's Form

Name of Client 1	Today's Date				
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 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?	Name of Client 1		DOB	Age	
City, State, Zip	Name of Client 2		DOB	Age	
Best Phone Number to Reach You	Current address				
Is it OK to leave you a message at this number? Yes No Email Address	City, State, Zip				
Email Address Is it OK to contact you through email as additional means of communication? Yes 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? If so, when If so, when	Best Phone Number to Reach You				
Is it OK to contact you through email as additional means of communication? Yes Client 1's Employer	Is it OK to leave you a message at this	number?	Yes	No	
Client 1's Employer	Email Address				
Occupation	Is it OK to contact you through email a	s additiona	l means of	communication? Yes	No
Client 2's Employer	Client 1's Employer				
Occupation	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?	Client 2's Employer				
What is your reason for seeking therapy? Have you consulted a mental health professional in the past? If so, when?	Occupation				
Have you consulted a mental health professional in the past?	Who referred you? How did you learn a	about my se	ervices?		
If so, when?	What is your reason for seeking therapy	y?			
If so, when?					
Are either of you presently under a physician's care? If yes, who and plea	•		•		
explain:					ase

Do either you take any medication	s regularly?	If yes, who and please list
them:		
I	1 49	
In case of emergency, who should		
Name	Relat	tionship
Address		
Phone		
Financial Policy Information:		
Full payment is expected at the tin payment are to be discussed with y		. Any other arrangements for
Appointment cancellations must b being charged full session fee.	e made at least 24 hours	s in advance in order to avoid
Who is responsible for payment?		
Name		
-		
Phone		
I have read and understand the abo	ove policy.	
Signature (client 1)	Signature (client 2)	Date
Therapist Signature		Date