NEW CLIENT INFORMATION

Today's Date _____

Name of Client _____ Date of Birth _____

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 an additional means of communication? Yes No

Client's Employer _____

Employer's Address _____

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 you presently under a physician's care? _____ If yes, please explain:

_____

_____

_____

Do you take any medications regularly? _____ If yes, 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 Date