

Session Fee:
Bill to:



New Client Information

Full Name: _____ Today's Date _____

Address: _____

Cell Phone: _____ Email: _____

Gender: _____ Date of Birth: _____ Who referred you? _____

For Minors: Guardian(s): _____ Email: _____ Cell Phone: _____

What brings you in today, and how long has it been a problem?

What do you expect to accomplish from therapy, and how long do you expect it to last?

List words that describe your mood on most days: _____

Relationship status: Single Dating Married Divorced Remarried Widowed Other

If currently in a relationship, what is your partner's name, age, and occupation?

Children and/or Sibling name and ages: _____

Highest level of education completed: _____ Current Occupation: _____

List Previous Employment: _____

How important is religion? very important sometimes important unimportant destructive

How is most of your free time occupied? Interests, talents, and hobbies:

Are you taking any medication? If "yes," what, how much, and with what results

Substance Use Habits: How much do you drink, smoke, and/or use drugs?

Have you ever been in trouble with the law? _____ Discuss: _____

By providing a telephone number and submitting this form you are consenting to be contacted by SMS text message. Message & data rates may apply. You can reply STOP to opt-out of further messaging.