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New Client Information

Today's Date: _____

Name: _____
Address: _____
_____
City/StateZip: _____ ___ _____

Phones: (✓= best place to leave a message)
❑ Home: _____
❑ Work: _____
❑ Cell/Other: _____
E-Mail: _____
URL: _____
Referred by: _____

Date of Birth: _____ Age: _____
SS#: _____❑ Male, ❑ Female, ❑ _____
Education/Degree: _____
Occupation: _____
Employer: _____
❑ Single, ❑ Married, ❑ Partnered, ❑ Separated,
❑ Divorced, ❑ Widowed, ❑ Other: _____
Person Responsible for Payment: ❑ Self, ❑ Other:
Name: _____
Address: _____
_____
Phones: _____
❑ Bill Insurance: Carrier: _____ ID No.:_____
(Please provide insurance card & picture ID)

What brings you here at this time?

_____
_____

How long has this been going on?

_____
_____

What would you like to address?

_____
_____

What outcome would you like to have happen as a result of being here?

_____
_____

List members in your current household/family (i.e. names, ages, relationship):

_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____

List family of origin (i.e. name, age, relationship, location):

_____ _____ _____ _____
_____ _____ _____ _____
_____ _____ _____ _____
_____ _____ _____ _____
_____ _____ _____ _____
_____ _____ _____ _____

Previous Therapy (with whom, when, for how long):

_____ _____ _____
_____ _____ _____