



New Client Paperwork

Clients Name: _____ Date of Birth: _____ Age: _____

Client's SS#: _____

Married ___ Divorced ___ Single ___ Remarried ___ Other _____

Address: _____ City, State, Zip: _____

Cell Phone: _____ Work/Home Phone: _____

Employer: _____ Position: _____

Referred By: _____

Previous Counseling: ___ No ___ Yes Clinician's Name: _____

Issues Addressed: _____

Spouse's Name: _____ Cell Phone: _____

Spouse's Address: _____ City, State, Zip: _____

Children (Names and Ages): _____

Please list any physical health symptoms or problems you are having:

- ___ Tired ___ Sleep Issues ___ Weight Changes ___ School/Work Problems ___ Loss of Interest
 ___ Excess Worry ___ Self-Injury ___ Substance use/Abuse ___ Alcohol ___ Drugs ___ Addictions ___ Hopelessness
 ___ Anxiety ___ Anger ___ Tearful ___ Panic/Anxiety ___ Suicidal Thoughts ___ Indecisive ___ Fearful

Other: _____

Current Medications:

Strength	How Often	Prescribed By	Date

Past Medications (If applicable):

Strength	How Often	Prescribed By	Date

Family History: ___ Physical Abuse ___ Sexual Abuse ___ Domestic Violence ___ Rape ___ Arrests ___ Hospitalization

The main issues in my life right now are:

1. _____ 2. _____ 3. _____ 4. _____



New Client Paperwork (Continued)

Patient Communication Preferences:

Our office will need to contact you to schedule and/or reschedule appointments, to schedule follow-up visits and other such administrative issues. To ensure that your privacy is maintained to the fullest extent possible, please select the method by which our office can contact you.

Cell Phone Calls & Text: _____ Home Phone: _____

Leave Message? Yes No Leave Message? Yes No

Personal email: _____ Work phone: _____

Leave Message? Yes No

By signing below you agree that you have been given the opportunity to obtain a copy of the HIPAA Notice and that it is your responsibility to ask any necessary questions. In addition, by signing below you also agree to abide by the terms of the treatment agreement and consent to treatment for yourself or your minor.

Signature _____ Date _____

Printed Name _____