



"When He was alone with His disciples, He went over everything saying out the things, untying the knots."
Mark 4:34-35

New Client Paperwork

FOR MINOR CLIENTS:

Parent/Guardian Name: _____

Mother's Information:

Address: _____

City, State, Zip: _____

Cell Phone: _____ Work Phone: _____

Father's information:

Address: _____

City, State, Zip: _____

Cell Phone: _____ Work Phone: _____

Contact in case of Emergency:

Name: _____

Address: _____

City, State, Zip: _____ Cell Phone: _____

Home/Work Phone: _____

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

- Tired Sleep Issues Weight Changes School 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



New Client Paperwork (Continued)

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

The main issues in my life right now are:

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

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 _____