



PERSONAL INFORMATION

Name: _____ Age: _____ Sex: _____

Date of Birth: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ May I Call This Number? Y N Leave a Message? Y N

Cell Phone: _____ May I Call This Number? Y N Leave a Message? Y N

E-mail: _____ May I Contact by E-mail? Y N

EDUCATION INFORMATION

Last Level Completed (Please Circle); High School Undergraduate Graduate Trade School

Current School Attending: _____ Current Grade/Education Level: _____

EMPLOYER INFORMATION

Employer: _____ Occupation: _____

Work Phone: _____ May I Call This Number? Y N Leave a Message? Y N

MEDICAL & REFERRAL INFORMATION

Name of Physician: _____ Phone: _____

Current Medications (Names, dosage, frequency): _____

Current Therapist/Counselor: _____ Phone: _____

By Whom Were You Referred? _____ Relationship: _____

INSURANCE INFORMATION

Name of Insured: _____ SSN: _____ DOB: _____

Primary Insurance Company: _____

Subscriber/ID Number: _____ Group #: _____

Insured's Address: _____ Insured's Phone: _____

Client's relationship to Insured (Please Circle): Self Spouse Child Other



HOUSEHOLD INFORMATION

Spouse/Partner Name: _____ Work or Cell Phone: _____

Occupation: _____ Employer: _____

Are you currently living together? Y N If so, for how long? _____

Are you currently married? Y N If so, for how long? _____

Are you currently separated? Y N If so, for how long? _____

Children:

Name: _____ Gender: _____ Age: _____ Lives with You? _____

Name: _____ Gender: _____ Age: _____ Lives with You? _____

Name: _____ Gender: _____ Age: _____ Lives with You? _____

Name: _____ Gender: _____ Age: _____ Lives with You? _____

Others in Home:

Name: _____ Gender: _____ Age: _____ Relationship: _____

Name: _____ Gender: _____ Age: _____ Relationship: _____

EMERGENCY CONTACT

In Emergency, Contact: _____ Relationship: _____

Home Phone: _____ Work or Cell Phone: _____



PREVIOUS THERAPY

Name of Therapist: _____ Dates seen: _____

Purpose or areas worked on: _____

Name of Therapist: _____ Dates seen: _____

Purpose or areas worked on: _____

CURRENT THERAPY

Please give a brief description of the reason you decided to seek therapy at this time (in other words: Why now?): _____

Please list up to three specific goals you have for therapy (we'll talk more about this, but list what comes to mind): _____

1) _____

2) _____

3) _____

I HAVE READ THE OFFICE POLICY AND ACCEPT ITS CONTENTS:

Signature: _____ Date: _____