

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?

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

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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?

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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:

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

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

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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.*