

New Client Information (Adult)

Please fill out this form and bring it with you to the first session.

Name: _____

Address: _____

Phone: _____ (home) *may I leave a message? Y N

_____ (cell) *may I leave a message? Y N

Do you like to use texting as a brief form of communication re: appointments? Y N

* Please Note: text messages are not considered to be confidential

Email: _____

• Please Note: Email is not considered to be a confidential medium of correspondence

Date of Birth: ____/____/____ Age: _____

1. Have you previously received any type of mental health services (psychotherapy, psychiatric services)? Y N

2. Are you currently taking any prescription medication? Y N

A. If yes, please list medication(s):

3. Have you ever been prescribed a psychiatric medication? Y N

A. If yes, please list medication(s):
