

Client Information

Contact information

Name: _____

Birthdate: _____ Today's Date: _____

Address: _____

Email: _____

Phone numbers (please circle your preferred number)

Cell: _____ OK to leave message?

Home: _____ OK to

leave message? Your preferred way of contact: cell or email

Emergency contact

Name: _____

Relationship: _____

Phone Number: _____

What issues/concerns cause you to seek treatment? Please describe:

Do you have any specific goals with regard to your treatment: _____

Education or Degrees/certificates completed: _____

If you would like a Super Bill provided to you for insurance purposes, please provide an email address where you can receive invoices: _____

Background

Referred by: _____

Have you had therapy/counseling before? If yes, with whom, where and when:

_____ Excessive Anger/Hostility

_____ Mood Swings

_____ Excessive Worrying

_____ Excessive Nightmares

_____ Panic Attacks

_____ Self-Mutilation

_____ Suicidal Thoughts/Statements
_____ Sexual Dysfunction

_____ Overeating/binging
_____ Lethargy

Other (please describe): _____

Are you at the present time using any type of chemical substance? _____
If yes, please indicate what you are using (drugs and/or alcohol): _____

Family history of mental health concerns:(including depression, anxiety, ADHD, eating disorder, bipolar, schizophrenia, suicide, drug/alcohol problems) _____

Please add any other information you believe would be helpful for me to know: _____

Financial Agreement and Authorization for Treatment of a Minor

I authorize treatment for my minor child and attest that I am the legal guardian, *solely and legally* able to obtain treatment for this child, and can produce required documentation.

Signature Relationship to minor Date

Signature Relationship to minor Date

Financial Agreement and Authorization for Treatment

I authorize treatment of the person named above and agree to pay all fees and charges for such treatment. I agree to pay all charges for me and members of my family when services are rendered. In the event legal action should become necessary to collect an unpaid balance due for services rendered to me or my family, I agree to pay reasonable attorney's fees or other such costs as the Court determines proper.

Signature Date

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