

**Personal Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

(Street)

(City)

(State, Zip)

May I leave a message at this number?

Cell Phone: \_\_\_\_\_

Yes  No

Email Address: \_\_\_\_\_

To (re)schedule appointments, what is your preferred method to be contacted?

\_\_\_\_\_

**Who may I contact in case of an emergency?**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**Please list the major problems in your relationship that you would like help with:**

**Briefly describe what motivated you to seek therapy at this time:**

**Clinical Information:**

Have you ever had previous counseling or psychotherapy?       Yes     No

If yes, please describe when, where and for what:

Have you ever been hospitalized for a psychiatric reason?       Yes     No

Have you ever made a suicide attempt?                               Yes     No

Do you have any serious medical conditions? If yes, please describe:

Please list any medications you are taking:

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

***Thank you for completing the paperwork. Data is solely used for the purpose of understanding treatment concerns and will be held strictly confidential.***