

New Client Information Sheet

Name: _____
 First M.I. Last

Date of Birth: ____/____/____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Reason for Counseling: (Briefly describe why you are seeking counseling or what you would like to accomplish).

Previous Counseling/Mental Health History: (Please indicate if you are you have been in counseling before (or currently), are seeing a psychiatrist, or are taking medication for a mental health issue? Please indicate who you are working with and what mental health medicines you are taking.)

Emergency Contact Information: (in the event of life-threatening emergency, who would you want me to call after 911?)

Name: _____ Relationship to You: _____
Phone: _____

Name: _____

Privacy/Permissions:

1) Is it okay for me to text you with appointment reminders, changes, and other non-clinical matters?

YES _____ NO _____ Other: _____

2) Is it okay to leave you a voicemail with appointment reminders, changes, and other non-clinical matters?

YES _____ NO _____ Other: _____

3) Is it okay for me to send you an invoice by email from Square/Paypal/Vimeo to request payment for services?

YES _____ NO _____ Other: _____