New Client Information

Today's Date: ____________________

Name____ S.S# ___________________________

Date of birth: __________________________________Age: ___________________________

Street address:

____

City/State/ZIP: ____

Employer/School ____

Occupation: ____

Home Phone: ___________________________ Work Phone: ___________________________

Cell Phone: ____________________________

Where do you prefer to receive calls? ________Home _______Cell _________Work

May we leave you a message?

___Yes ___No May we contact you by e-mail ___Yes ___No (E-mail address___________________________

Others who live in the home:

Name _________________________________**Age** _________**Relationship** ______________

Name _________________________________**Age** _________**Relationship** ______________

Name _________________________________ **Age** ________**Relationship** ______________

Name _________________________________**Age** _________**Relationship** ______________

If client is a minor:

Mother's Name: ____

Home phone: ____

Work Phone: ____________________________Cell Phone: ___________________________________

Father's Name: __________________________Home Phone: __________________________________

Work Phone: ____________________________Cell Phone: ___________________________________

Emergency Contact:

Name: _________________________________Relationship: __________________________________

Address: ____

Phone: ____

DBA: Village Counseling and Resources
Kristina Whitehead, MS LMFT-Associate, CST
2203 Timberloch, Pl., Suite 100
The Woodlands, TX 77380
713-409-8450 /rev 3/12

village
counseling & resources

Health Information:

Please list any medical conditions you feel the therapist should be aware of: ________________________

____

____

Please list any medications you are currently taking, including the dosage: ________________________

____

Date of Last Medical Visit: ____

Who is your Primary Care Physician? Date of last visit: ____

____

Have you ever seen a mental health provider? __Yes ___No

If yes, who? ______________________When? ____

Referred by:

Name: ____

Address:

____

May we send a thank you card to this referral with your name included? _______Yes ___No

Goals

What are your goals for therapy?____

____

____

____

____

___________________________.

Briefly explain why you are coming in for therapy. ____

____

____

____

____

____

DBA: Village Counseling and Resources
Kristina Whitehead, MS LMFT-Assoicate, CST
2203 Timberloch, Pl., Suite 100
The Woodlands, TX 77380
713-409-8450 /rev 3/12