

Confidential New Client Registration Form
Please provide the following confidential information. Please print.

Today's Date _____

Client

Name _____ Preferred Name _____
First Middle Last

Address _____
Number Street City State Zip

Home Phone _____
__ OK to leave message with detailed information
__ Leave message with name and call back number only

Cell Phone _____
__ OK to leave message with detailed information
__ Leave message with name and call back number only

Work Phone _____
__ OK to leave message with detailed information
__ Leave message with name and call back number only

E-mail _____
In order to ensure your privacy and confidentiality, please provide a security question and answer that you will have to answer in order to open my e-mails to you. Security Question: _____ Answer: _____

Date of Birth _____ Age _____

Gender _____ Sexual Orientation _____

Racial/Ethnic Affiliation _____

Religious/Spiritual Affiliation _____

Relational Status: _____ Length of Current Relationship(s) (if applicable) _____

Dependent(s) Names/ Age(s) _____

Employer _____ Job Title/Occupation _____

Approximate Annual Gross Income _____

Primary Care Physician _____ Date of Last Exam _____

Psychiatrist (if applicable) _____ Date of Last Appointment _____

How did you hear about me?

Emergency Contact(s)

Name: _____ Relationship to you: _____ Telephone: _____

Payment Information

Financially Responsible Party (circle): Self Other

If financially responsible party is not you, please provide the following information:

Responsible Party's Name _____

Relationship to Client _____ First Middle Last

Billing Address _____ Phone Number _____

Number Street City State Zip

Will you be requesting a bill for your health insurance? Yes No

Insurance Carrier _____ Plan Type _____

Insurance ID _____ Group Number _____

Background Information

Who is in your family? Please list names, ages, and date deceased (if applicable).

Name	Age	If deceased, indicate year:	Relation to you
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any medical problems, history of medical problems, or significant injuries or illnesses? Yes No

If Yes, Please Explain: _____

Current Medications & Dosage (Prescription/Herbal/OTC/Other): _____ Prescribed by: _____

Past & Current Drug and Alcohol Use. Please specify how much and how often.

Listing of Mental Health Treatment

Beginning with the most recent, please list all professionals (psychologists, psychiatrists, counselors, social workers, etc.) and facilities (hospitals, alcohol and drug programs, clinics, etc.) that have provided you with psychological services.

Provider Name and City	Type of Service (individual, couples, group, rehab, hospitalization, etc.)	Dates of Service	Was this helpful?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has anyone in your family had a history of mental illness or addiction of any kind? If so, please list relation to you and the nature of illness.

Have you or anyone in your family had difficulty with compulsive behaviors (gambling, eating, shopping, sex, pornography, etc.)? Please list relation to you and describe. _____

Has anyone in your family ever attempted suicide? If so, please list relation to you.

My concerns include (Circle all that apply):

Depression Sadness Crying spells Suicidal thoughts No pleasure Low self-esteem Guilt Irritability
Sleep problems No appetite Overeating Hopelessness Helplessness Low energy/fatigue
Anxiety Worries/fears Panic attacks Impulsivity Confusion Feeling out of control
Indecisiveness Memory problems Addiction Anger Work stress Trauma/safety Paranoia
Identity concerns Self-Harm Desire to harm others Relationship conflict Other addictive behaviors

Other concerns: _____

Briefly describe your reason for seeking therapy at this time. _____

Who makes up your social support system? Are there any groups or communities to which you belong or that you consider to be important to your identity? _____

What are your main strengths and resources? _____

Is there anything else that you feel is important for me to know about you? _____
