



**New Client Information:**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Date of intake/first appointment: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone number: home: \_\_\_\_\_ cell: \_\_\_\_\_

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

Current Employment: \_\_\_\_\_

Position Title: \_\_\_\_\_

Reason to be seen: \_\_\_\_\_

Goals for therapy/treatment/consultation: \_\_\_\_\_

Personal strengths: \_\_\_\_\_

Personal challenges: \_\_\_\_\_

What brings you joy? \_\_\_\_\_

Previous psychiatric treatment or therapy (Please include names/dates of other providers seen and hospitalizations or residential treatment, if any. Also include medications tried (dates, doses, effects) and other notable "healing" treatments and experiences you've had.): \_\_\_\_\_

Major medical problems or other health struggles: \_\_\_\_\_

Previous surgeries: \_\_\_\_\_

Current medications (herbal or pharmaceutical—include doses and duration of use): \_\_\_\_\_

Family psychiatric issues (mother with depression, uncle with alcohol abuse, etc.): \_\_\_\_\_

Current diet (give an example of a typical day) : \_\_\_\_\_

Any issues with alcohol or substance use to explore? Describe typical use:

---

Current family/social situation (marital status, children, who lives at home, who's involved, etc.): \_\_\_\_\_

---

Describe what is most important to you in life : \_\_\_\_\_

---

Describe your spirituality: \_\_\_\_\_

---

What's your current exercise routine? \_\_\_\_\_

---

What's your current relaxation/fun routine? \_\_\_\_\_

---

What's your current work routine? \_\_\_\_\_

---

What is going really well in your life? \_\_\_\_\_

---

What would you like to improve (if different from why you are seeking a consultation)?

---

What interests you about me or my practice? \_\_\_\_\_

---

How were you referred here? \_\_\_\_\_

In case of emergency contact (name, phone, relationship):

---

Notes (Anything else I should know): \_\_\_\_\_

---

---

Thank you!

