

CLIENT CONTACT FORM

Client Name: _____ Birthdate: _____

Best Phone Number: _____ Ok to leave VM here? Yes No

Mailing Address: _____

Email Address: _____

What is your preferred form of contact for appointment-related: Phone Email Text

How did you hear about me? _____

Emergency Contact (name & phone number): _____

What is this person's relationship to you? _____

Client Occupation: _____

Briefly explain why you are seeking therapy now: _____

What would you like to accomplish in therapy? _____

Have you been in therapy before? Yes No

If yes, when, for how long, and with whom? _____

Are you currently taking any medication for a psychiatric diagnosis? Yes No

If yes, please list your medication and the name of the prescribing physician: _____

Is there a history of mental illness in your immediate or extended family? Yes No

If yes, whom and what diagnosis? _____

Is there a history of physical, emotional, or sexual abuse in your personal history? Yes No

If yes, please comment on what you feel might be helpful for me to know: _____

Currently or within the last three months, have you contemplated suicide? Yes No

If yes, which most accurately describes what you've thought about: (a) I think about suicide occasionally, but I have no idea how I would do it. (b) I think about suicide more and more and I have an idea about how I would do it. (c) I think about it suicide often, I know how I would do it, and I have the means with which to carry out my plan. If none of the above describes your personal thoughts about suicide, please describe these thoughts in your own words: _____

Have you ever attempted suicide? Yes No

If yes, please describe (e.g., when, how, number of attempts, etc.): _____

Is there anything else you'd like me to know: _____

Thank you for taking the time to complete this form. I look forward to meeting you!