



Name: _____ Today's Date: _____

Home phone: _____ Cell phone: _____

Sign here to give permission to call the above numbers: _____

Address: _____

City: _____ State: _____ Zip: _____

Place of Employment: _____

Date of Birth: _____ Social Security # _____

Emergency Contact: _____ Phone: _____

Marital Status: Single Married Divorced Widowed Significant Other

Referred by: Friend Internet Physician Yellow Pages Social Media EAP

Reasons You May Be Coming In

Anxiety Addiction Job Grief Depression Relationships

Weight loss/gain Infertility Memory Legal Suicidal thoughts

Other: _____

Medication

Name	Dosage	Prescribing Doctor	Purpose
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature: _____ Date: _____

Therapist Signature: _____ Date: _____