



New Client Intake Form

Welcome to Mind Over Matter Holistic Counseling. We're honored to support you on your journey toward growth and well-being. Please complete the following intake form to help us better understand your needs and how we can best support you. All information provided will remain confidential in accordance with HIPAA guidelines.

Personal Information

Full Name: _____

Date of Birth: _____

Gender (Optional): _____

Address: _____

City/State/Zip Code: _____

Preferred Contact Method:

☐ Phone

☐ Email

☐ Text

Primary Contact Number: _____

Email Address: _____

Emergency Contact Information

Name: _____

Relationship to Client: _____

Phone Number: _____

Insurance Information

Do you have health insurance?

☐ Yes

☐ No

If yes, please provide the following details:

Insurance Company Name: _____

Policy/ID Number: _____

Group Number (if applicable): _____

Primary Insured Name (if different from client): _____

Relationship to Client: _____

Phone Number for Insurance Verification: _____

Reason for Seeking Counseling

Please briefly describe the main reasons you are seeking counseling at this time:

Current Concerns or Challenges

What challenges or concerns would you like to focus on in counseling? (Check all that apply)

- ☐ Anxiety
 - ☐ Depression
 - ☐ Stress/Overwhelm
 - ☐ Life Transitions
 - ☐ Relationship Issues
 - ☐ School/Work Concerns
 - ☐ Low Self-Esteem
 - ☐ Phobias
 - ☐ Grief/Loss
 - ☐ Family Challenges
 - ☐ Other (please specify): _____
-

Previous Mental Health Support

Have you previously received mental health services or counseling?

- ☐ Yes

☐ No

If yes, please briefly describe your previous counseling experience and the reason for seeking support:

Current Medical or Mental Health Treatment

Are you currently taking any medications related to mental health or other medical concerns?

☐ Yes

☐ No

If yes, please list them below:

Do you have any medical conditions we should be aware of?

☐ Yes

☐ No

If yes, please specify:

How Did You Hear About Us?

Please check all that apply:

☐ Website

☐ Social Media

☐ Referral (please provide name, if applicable): _____

☐ Advertisement

☐ Other: _____

Goals for Therapy

What would you like to achieve or work toward through counseling?

Consent & Agreement

I acknowledge that the information provided above is accurate to the best of my knowledge. I understand that all information will remain confidential in accordance with HIPAA regulations unless otherwise required by law.

Client Signature (or Parent/Guardian if under 18): _____

Date: _____

If you have any questions about this form or need assistance completing it, please contact Mind Over Matter Holistic Counseling at (717) 602-5151 or MOMHcounseling@gmail.com. Thank you for trusting us with your journey. We're here to support you every step of the way.

Privacy Note:

All client information is kept confidential and is securely stored in accordance with federal and state laws, HIPAA guidelines, and Mind Over Matter Holistic Counseling's confidentiality policies.