NEW CLIENT CONSULTATUION

PERSONAL INFORMATION:

Last Name: First Name: Middle Name:

Date of Birth: Day Month Year Marital Status: Education:

Gender: Male Female Not listed Prefer Not to Answer

Address: House No. Street Name City State Zip Code Country

INSTRUCTIONS:

Please complete and return via email to: ashley@sohhaw.com.

Question 1: How did you hear about this practice?

Answer:

Question 2: What pronouns do you prefer to be addressed with?

Answer:

Question 3: I am currently only providing therapy for adults, can you confirm you are over the age of 18? **Yes** **No**

Question 4: Do you reside within the state of Texas? **Yes** **No**

Question 5: Will you be billing your insurance for therapy services? If so, what insurance do you have?

Answer:

Continue

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Question 6: Have you had therapy or seen a psychiatrist in the past? If so, were you ever diagnosed with anything?

Answer:

Question 7: Do you currently have suicidal or homicidal ideations? If so, how long have you had them?

Answer:

Question 8: Do you have a preference for days or times to be seen or do you have a flexible schedule?

Answer:

Question 9: What are your goals with therapy?

Answer:

Question 10: Are you currently being prescribed any psychiatric medications? Please list the name(s) of your medication and dosing if applicable.

Answer: