



Initial Client Contact Form

Name of Client _____ Date _____

Name of Person Completing Form if different from above _____

Relationship to Client _____ Phone # if different from Client's phone _____

Client Information

Date of Birth _____ Gender _____ Race/Ethnicity _____

Primary Spoken Language _____ Other Spoken Language(s) _____

Email _____ OK to contact via email YES or NO

Home Phone # _____ OK to leave voicemail at home phone # YES or NO

Cell Phone # _____ OK to leave voicemail at cell phone # YES or NO

Address _____

Religious Preference: _____ Birth Place: _____

Annual Income:

Less than \$10,000 \$10,000-14,999 \$15,000-24,999 \$25,000-49,999 \$50,000-99,999

\$100,000-149,000 \$150,000-199,999 More than \$200,000 Unknown Decline Answer

Current/Previous Therapist _____ Therapist's Phone # _____

Current/Previous Psychiatrist _____ Psychiatrist's Phone # _____

Primary Care Physician _____ PCP's Phone # _____

Do you give Pathwise Counseling consent to contact these persons to discuss your treatment? YES NO

(If yes, you will be asked to sign a Release of Information which gives your formal/legal written consent for contact.)

Emergency Contact _____ Phone # _____

Relationship to You _____

Do you give Pathwise Counseling consent to contact this person in the event of an emergency? YES NO

(If yes, you will be asked to sign a Release of Information which gives your formal/legal written consent for contact.)

Intended method of payment: Circle - Insurance Self-Pay (Cash, credit card) EAP DHS/Probation Funded

Please note that having insurance and choosing to not use it to pay for services is considered Self-Pay.

What are the problem(s) for which you are seeking behavioral health help?

1. _____
2. _____
3. _____

What do you want to accomplish in behavioral health treatment?

How did you learn about Pathwise Counseling: Website Psychology Today Friend/Family Insurance Co.

Another provider (please explain): _____

Client Signature _____ Date _____