

**Mindfully Melanated**  
**Tonya Bailey-Curry, LCSW**  
**Licensed Clinical Social Worker**  
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**INITIAL CONSULTATION INFORMATION FORM**

*Please note that the information you provide here is protected as confidential information. Any other or past health care providers you list will only be contacted if necessary, and only with your prior approval and a signed release form.*

**Demographic**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

DOB: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Emergency Contact (Name/Phone Number): \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Referred By (if any): \_\_\_\_\_

Primary Care Physician (Name/Phone Number): \_\_\_\_\_

School or Occupation: \_\_\_\_\_

Education: High School Degree \_\_\_ College Degree \_\_\_ Graduate Degree \_\_\_

Other (trade school, etc.): \_\_\_\_\_

*If you would like help figuring out your insurance benefits or if you plan on submitting claims:*

Name of Insurance Plan: \_\_\_\_\_

Insurance ID # \_\_\_\_\_ Name on card (if different than above):

**Treatment**

Briefly describe what brings you to seek therapy:

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Do you currently see a psychiatrist?

No \_\_\_ Yes \_\_\_ Name: \_\_\_\_\_

If you currently take any medications for psychiatric/mental health conditions, please list them below, including dosage:

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Past treatment:

Provider Name	Dates	Problem for which treatment was sought
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Past hospitalizations for psychiatric/mental health issues:

Hospital	Dates	Reason for hospitalization
_____	_____	_____
_____	_____	_____
_____	_____	_____

Family history of mental health difficulties, diagnoses, treatment?

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Please list any medical illnesses, allergies, past surgeries, or any current medications you take for physical/medical conditions:

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