



Nicole Maus-Chaudhury, LCSW-C

Client Demographic Information

Name:

Gender:

Date of Birth:

Marital Status:

Street Address:

City, State, Zip Code:

Home Phone:

Work Phone (optional):

Mobile Phone:

Email Address:

Preferred method and place of contact?

Emergency Contact Person:

Emergency Contact Phone:

Primary Physician:

Psychiatrist (if any):

Please list any medical problems (i.e. heart disease, diabetes):

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3545 Elliott Mills Dr. Ste 310. Ellicott City, MD 21043
www.FindingHopeLLC.com 443-963-3729

Medications, including over the counter:

Prior hospitalizations (medical or psychiatric) – list reasons and dates:

History of mental health issues (i.e. depression, anxiety, panic attacks):

History of substance abuse:

History of prior counseling - list reasons and dates:

History of abuse or trauma:

Family history of mental health issues:

What forms of social media do you use and how many hours a day are you online for non-work related activities?

Why are you seeking counseling at this time?

Goals for counseling and what you would like to accomplish or see change as a result of counseling?

Will you be seeking reimbursement from your insurance company for your services? Y/N

Please be aware that not all services are covered by your insurance policy and seeking reimbursement from your insurance company will require me to give you a mental health diagnosis, which becomes part of your permanent health history.

If you wish to seek insurance reimbursement, please provide the requested information below:

Name of Insurance Company:

Policy Number:

Group Number:

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