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New Client Information

Your answers to these questions will give me a quick view into a spectrum of parts of your life. Please answer each question as completely and carefully as you can. You may use the back of any page for additional comments. I encourage you to bring up any areas I haven't asked about.

Name: ______________________________ Pronoun: ____________

Legal name (if different): ______________________________

Date of Birth: ___________________________

Present
Address:____
Street *City* *State* *Zip*

Phone: ______________________ Email: ______________________

Who do you authorize me to contact and disclose any necessary information to ensure your safety in an emergency?
Name: ______________________________ Relationship: ____________

Address: ________________________________

Phone: (Cell) __________________ (Home/Work)__________________

Please describe medical care you are receiving, including any medications or supplements you take:

____

____

Please briefly describe what led to your choice to work with me.

____

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____

What do you hope to come from our work together? Please be specific (i.e., rather than "to feel better", please describe what your life would be like if you felt better).

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____

Using the scale below, please choose a number that reflects the extent of your concern about each of the issues listed below. Please rate every item.

0	1	2	3	4	5	6	7	8	9	10
No	**Minimal Concern**				**Moderate Concern**					**Extreme Concern**

_____ Anger/aggression

_____ Religious/spiritual

_____ Depression/feeling sad

_____ Sex/intimacy

_____ Impacts of abuse/violence/trauma

_____ Thoughts of suicide

_____ Eating or body image

_____ Feeling frozen/numb/vacant

_____ Fearfulness

_____ Unhappy most of the time

_____ Sleep

_____ Use of alcohol/drugs

_____ Sexual orientation

_____ Gender identity/transition

_____ Loved one's drug/alcohol use

_____ Partnership/dating/relationship

_____ Nervousness/Anxiety

_____ Physical/health/disability

_____ Work/employment

_____ Social relationships/friends

_____ Relationship(s) with family

_____ Grief/loss

_____ Finances

_____ Other (specifc)