

North Wind Behavioral Health
New Client Information

Date: _____ Social Security #: _____/_____/_____
Name: _____ Birth date: _____ Age: _____ Sex: _____ Race: _____
Home Phone: _____ Cell phone: _____ Email: _____
Mailing Address: _____ City / Village: _____ State: _____ Zip: _____

Occupation: _____ Employer: _____
Education (circle last year completed): 4 5 6 7 8 9 10 11 12 College/Tech: 1 2 3 4 Graduate: 1 2 3 Degree: _____
Military History: List branch of service and years _____ Served in combat? _____

In case of emergency—List next of kin: _____ Telephone: _____

How did you hear about us? Clergy _____, Physician _____, Another client _____, Friend or family _____, Media _____, Legal _____, Insurance _____, Social service agency _____, School _____, other (please name) _____

Marital Status: _____ Single (never married); _____ Engaged; _____ Living with; _____ Married; _____ Widow; _____ Separated; _____ Divorced
Spouse/Partner's Name: _____
Address: _____ City/Village: _____ State: _____ Zip: _____
Birth Date: _____ Age: _____ Education: _____ Occupation: _____
Employer: _____ Date of this marriage: _____

We subscribe to an Appointment Notification Service. How would you like to be notified of your upcoming appointment?
____ Email _____ Call to Home/Cell (Circle one) _____ Text message to Cell _____ Do not notify me

Religious affiliation: Present _____ Past _____ Congregation you attend _____
How would you rate your spiritual life (10 great - 1 poor) Why? _____

Check and comment about the following as they apply to you:

____ Current/chronic medical conditions _____
____ Serious illnesses/injuries/traumas _____
____ Hospitalizations or surgeries _____

Physician _____ Date of last exam _____

Allergies _____

List current medications,	Dosage	Who prescribes?
_____	_____	_____
_____	_____	_____
_____	_____	_____

Preferred Pharmacy _____

Herbal Supplements _____

Have you ever had counseling? ____ Yes ____ No When and Where? _____
