**Tiffany Noonan, LICSW**

Mindful Grove Counseling

204 Andover Street, Suite 403

Andover, MA 01810

978-272-9960

#### **Client Information Form**

Welcome to Mindful Grove Counseling. Thank you for taking time to fill out this form. The information you provide is confidential. If you have any questions, just ask!

**CLIENT INFORMATION**

Name                                     Date of Birth

Address

Email

Telephone (Primary)                  (Additional)

**MENTAL HEALTH INFORMATION**

Previous Therapy? [ ] Yes [ ]  No

Mental Health Diagnoses

Reasons for Seeking Therapy Now (symptoms, life events, challenges)

Hopes/Goals for Therapy

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**Health Information**

Primary doctor                              Phone

Address                                              Date of last exam

Health Conditions/Concerns:

Exercise:

Nutrition:

Sleep:

Current Medications:

**Education/Occupation**

Highest level of education completed:

Degree/Area of Specialty:

Occupation:

**Developmental**

Learning Disabilities:

Developmental Milestones Met On Time or Delayed (note is any of the following were delayed: walking; talking; reading; writing; fine motor; gross motor)?

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**Interpersonal**

Relationship Status:

Children:

Support System:

**Activities/Interests/Hobbies/Groups**

**Emergency Contact**

Name: Telephone:

Address:

**Insurance**

Private Pay or Insurance?

Insurance Provider and Number

**Preferred Communications Methods**

Please check the emails and phone numbers that client is comfortable using for therapist-client communication and note any restrictions and permissions (e.g. okay to leave a voice message).

[ ] Email 1

[ ] Email 2

[ ] Phone 1

[ ]  Phone 2

Signature: Date: