



New Beginnings Counseling Center, LLC

Everyone deserves to be the person they want to be in life!

New Client Intake Screening Form

Full Legal Name:

Preferred Name:

Preferred Pronouns:

Parent/Guardian's Contact Information: (only fill out if client is under 18)

Name:

Relationship:

Home Phone:

Cell Phone:

Is it acceptable to leave a message at this phone number? Yes No

Email Address:

Client's Contact Information:

Email Address:

Home Phone:

Cell Phone:

Is it acceptable to leave a message on either of these phone numbers? Yes No

Demographic Information:

Birth Date:

Age:

Legal Gender:

Gender Identity:

Ethnicity/Race:

Marital Status:

Sexual Orientation:

Insurance Information: (Must Complete)

Insurance Carrier:

Policy Holder Full Name:

Policy Holder's DOB:

Self-Pay/Sliding Fee: (Only complete if no insurance coverage or insurance not accepted at New Beginnings Counseling)

Employment Status:



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Would you briefly describe the reason you are seeking to have counseling? *Please be as detailed as possible.*

What are you hoping to achieve as a result of seeking counseling? *Please be as detailed as possible.*

Are there any concerns with using alcohol or drugs? Yes No If yes, please explain below:

Is there a previous or current mental health diagnosis? Yes No If yes, please explain below:

What is your current availability, and do you prefer a male or female therapist, therapist of color, etc.?

NBCC, LLC provides a diverse, culturally responsive staff, including our interns. Shadowing sessions is an essential component of internship experience. Would you be comfortable allowing an intern to observe your sessions?

Yes No