



# 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 of Client:

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

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### 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.?