

Amanda McDaniel  
Licensed Marriage & Family Therapist #120943  
7545 Irvine Center Drive, Irvine, CA, 92618  
949-393-8300

NEW CLIENT ASSESSMENT

Name: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Gender: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact in Emergency Situation: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

---

What concern(s) brings you to counseling? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How did you find me? \_\_\_\_\_

(Psychology Today, Theravive, Google Search, Yelp, Referral, etc.)

\_\_\_\_\_

To be completed if Client is a Minor:

Parent/Guardian: \_\_\_\_\_

Contact Information: \_\_\_\_\_

If parents are divorced, who has legal custody? \_\_\_\_\_

MEDICAL HISTORY

Currently under a medical physician's care? YES/NO

If YES, please describe current medical condition(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Medications currently used: circle if NONE

Medication	Dosage	Dr. Prescribing	Why Prescribed
------------	--------	-----------------	----------------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

Previous Counseling or Chemical Dependency Treatment/Services: NONE

Facility/Therapist's Name	Date of Service	Reason for Treatment	Helpful (Y/N)
---------------------------	-----------------	----------------------	---------------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

CHEMICAL DEPENDENCY ASSESSMENT

Have you ever attempted to reduce your alcohol intake? Y N

If yes, what was the outcome? \_\_\_\_\_

Do you ever use illegal drugs? Y N

If yes, please list/describe illegal drugs you currently use: \_\_\_\_\_

\_\_\_\_\_

PERSONAL QUESTIONS

Have you ever attempted suicide or to seriously harm yourself? Y N

Do you currently feel suicidal (i.e., have thoughts of harming yourself in any way)? Y N

If yes, please describe your feelings/intent: \_\_\_\_\_

\_\_\_\_\_