



## New Client Form

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

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

Phone number: \_\_\_\_\_

Have you previously participated in therapy services? If yes please describe:

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Have you previously been hospitalized for mental health conditions? If yes please describe:

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Please list any health conditions you have:

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Are you currently employed? \_\_\_\_\_ Where: \_\_\_\_\_

Explain \_\_\_\_\_

Education completed/Currently enrolled? \_\_\_\_\_

What has brought you to therapy? \_\_\_\_\_

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What are some strengths you have? \_\_\_\_\_

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List any recent stressors: \_\_\_\_\_

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