



**Licensed Psychologist, NH #1257**

### Confidential Client Information Form

Please print and complete the following information and bring with you to the first (intake) appointment:

Date of intake: \_\_\_\_\_

How did you hear about my services? \_\_\_\_\_

Name (first, then last): \_\_\_\_\_ Birthdate: \_\_\_\_\_

Age: \_\_\_\_\_

Sex: Female \_\_\_\_ Male \_\_\_\_ Transgendered \_\_\_\_

Preferred Pronoun: \_\_\_\_ He \_\_\_\_ She \_\_\_\_ They \_\_\_\_

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

Street Apt./Suite \_\_\_\_\_

City State Home phone: \_\_\_\_\_

Zip Code \_\_\_\_\_

Home phone: \_\_\_\_\_ Ok to leave message here? \_\_\_\_

Work phone: \_\_\_\_\_ Ok to leave message here? \_\_\_\_

Cell phone: \_\_\_\_\_ Ok to leave message here? \_\_\_\_

At which phone number do you prefer I contact you? \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Referral Information:**

How did you hear about my practice? \_\_\_\_\_

Please let me know if you would like for this person (if an individual referred you) to know you have come to see me for an appointment. \_\_\_ Yes \_\_\_ No

**Please identify your demographic characteristics (optional):**

Check those applicable:

How do you identify your Ethnicity/Culture: \_\_\_ Native American/Alaskan Native \_\_\_  
Asian \_\_\_ Asian American \_\_\_ Black/African American \_\_\_ Hispanic/Latino(a) \_\_\_  
White/Caucasian (not of Hispanic origin) \_\_\_ Biracial \_\_\_ Multiracial \_\_\_ Other

Sexual orientation (circle if applicable): Gay Lesbian Bisexual Questioning Heterosexual  
Pansexual Fluid

Spiritual orientation (please circle if applicable): Atheist Agnostic Buddhist Christian Jewish  
Muslim None Other \_\_\_\_\_

Do you have a disability you would like to inform me of? \_\_\_ Yes \_\_\_ No

If yes, share disability status here: \_\_\_\_\_

Other ways you identify yourself and consider important for me to know: \_\_\_\_\_

**Presenting Concern:**

What concern(s) brought you to counseling at this time?

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

Have you had any previous therapy experience(s)? \_\_\_ Yes \_\_\_ No

If yes, with whom, where and when? \_\_\_\_\_

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**Medical Care Information:**

Name of your primary care doctor/professional: \_\_\_\_\_

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

If you enter into treatment with me for counseling, would you like me to tell your medical care professional so that he/she can be fully informed and we can coordinate your treatment?

\_\_\_ Yes \_\_\_ No

Are you taking any medications currently? If so, please list them here (including dosage): \_\_\_\_\_

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

**Employment**

Current occupation: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Yearly salary (gross)—circle applicable range. Optional. This is if you need a sliding scale fee applied:

\$0-\$15,000    \$15,001-\$30,000    \$30,001-\$45,000    \$45,000-\$60,000    above \$60,001

How many dependents (other than yourself) do you have in your household? \_\_\_\_\_

\_\_\_\_\_  
Do you have health insurance you wish for me to bill on your behalf? Yes \_\_\_ No \_\_\_

I will ask to make a copy of your health insurance card (front/back), should you wish this.

**Additional Information:**

What do you consider your strengths? \_\_\_\_\_

\_\_\_\_\_

—

What would you like get out of this counseling experience? \_\_\_\_\_

\_\_\_\_\_

—

\_\_\_\_\_

—

Thank you so much for completing this form as part of our intake process. This is important information, as it assists me in getting to know you and to begin planning how I might best be of help to you!