

Advanced Counseling and Assessment Services
New Client Information

Client Information

Name of Client: _____ Male Female Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home _____ *May we leave a message?* Y N

Cell _____ *May we leave a message?* Y N

Work _____ *May we leave a message?* Y N

Email: _____ *May we email you?* Y N

Date of Birth: _____ Social Security Number: _____

Marital Status: S M Sep. D W Other _____

Spouse's Name: _____

Referred by: _____ Previous Therapist: _____

Client Work History

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Responsible Party for Account

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home _____

Cell _____

Social Security # _____

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Work #: _____

If client is a minor, please complete reverse side.

Advanced Counseling and Assessment Services
New Client Minor Information

Name of Client: _____ **Age:** _____

School: _____ Grade: _____

Employer: _____

Medical Information

Primary physician: _____

List any medical problems / diagnosis: _____

List all medications and reasons for prescription/s: _____

Other physician/s involved in care: _____

I am willing to sign a Consent to Release Information for therapist to be in contact with the physician/s. Y N

Previous Counseling Information

List any previous counseling or therapy including name and when: _____

Reasons for previous counseling: _____

Was the experience positive and/or helpful? Yes No, _____

Emergency Contact: _____ Relation: Mother Father Other: _____

Home: _____ Cell: _____ Work: _____

Father's Name: _____ **Date of Birth:** _____

Address (if different): _____

City: _____ State: _____ Zip: _____

Home: _____ Cell: _____ Work: _____

Employer: _____

Mother's Name: _____ **Date of Birth:** _____

Address (if different): _____

City: _____ State: _____ Zip: _____

Home: _____ Cell: _____ Work: _____

Employer: _____

Current Custody / Legal Status / Guardianship: _____

Step Parent/s Name/s: _____

The above minor has my permission to be seen by Advanced Counseling and Assessment Services.

Signature

Date