

NEW CLIENT INTAKE FORM

Carol Ambrose, LCPC

17 East High Street

Hancock, Maryland 21750

New Clients Only: Please complete and bring to first session.

PERSONAL INFORMATION

Client Name _____ Today's Date _____

Birth date(s) _____ Age(s) _____

Street Address _____

Phones: H _____ C _____ Best times to call _____

Email Address (optional) _____ (This will not be

shared). Marital Status: Single ___ Engaged ___ Married ___ (When?) _____

Widowed ___ (When?) _____ Divorced ___ (When?) _____

Education _____ Occupation _____

Currently Employed? _____

Religious Affiliation? _____

Prior Counseling? Yes ___ No ___

Household Members—include age and relationship:

Emergency Contact (name, relationship, address, phone numbers including cell):

Nature of the problem to be addressed in counseling;

Most difficult relationship right now:

CRISIS INFO: Any past or present suicidal thoughts, feelings, or actions? If so, please explain:

Any current violent (including homicidal) thoughts or feelings? Anger control problems?

Is there a threat to you of significant harm or loss? Explain.

MEDICAL INFO:

Your primary physician' s name, address, phone

List medical conditions:

List all medications you are taking:

Have you ever been hospitalized for mental health reasons?

If so, diagnosis?

Anything else important for your therapist to know?

Signature_____

Date_____

Please complete all forms in full. At least 48 hours ahead of first appointment, send them electronically to; Carol149149@gmail.com.