Guardian Name (if minor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                              First                                 Last                                                  Relationship

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

                              Street Address                                            City                               State                     Zip

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ok to contact via email? Yes No *Email communication is best used for making contact regarding appointments and other basic information and* *would not be used as a therapeutic tool or to communicate confidential information.*

Phone Numbers: Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Work/Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best number to contact you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Ok to leave messages at that number?  Yes No

SS Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Circle one:  Female/ Male/ Other Age: \_\_\_\_

Marital Status: \_\_\_ Married  \_\_\_ Divorced/Separated  \_\_\_ Widowed  \_\_\_ Partnered  \_\_\_ Single

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Relationship                                           Phone number

I give permission for my therapist to contact my emergency contact or seek emergency services if needed.

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

                  Client/ Guardian signature                                   Date

Are you currently in school?  Yes No    Highest grade achieved to date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Currently Employed? Yes No       Full time Part time at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Information:

Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                                     Name                                  Address                                        Phone

Psychiatrist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                                     Name                                  Address                                        Phone

How did you hear about Beth Miller, LCSW?

What are you hoping to achieve through counseling services?