

Client Information

Client name(s): \_\_\_\_\_  
\_\_\_\_\_

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

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

Phone number: \_\_\_\_\_ home  
\_\_\_\_\_ cell  
\_\_\_\_\_ work

Please list any other mental health providers (counselors, psychiatrists, psychiatric nurse practitioners, etc.)

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

Current medications:

Medication Name	Dose	Frequency

Have you previously been diagnosed with a specific mental health disorder (depression, anxiety disorder, bipolar disorder, etc.):

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

Please list any chronic medical conditions: \_\_\_\_\_

\_\_\_\_\_

What is your current occupation? \_\_\_\_\_