
New Client Form for Adults & Youth over 18 yrs

Contact Details

Name: _____ Sex: Male ____ Female ____

Date of Birth: _____ Age: _____

Address: _____

Phone: _____ Email: _____

School/Employment: _____

Medication: _____

Other: _____

Emergency Details

Name: _____

Address: _____

Phone Number: _____

Relationship: _____

Issues

Description of why you are seeking therapy: _____

Previous treatment: _____

What changes would you like to see for yourself: _____

Referred

Where did you find out about this service: _____

Form Completed by:

Print Name: _____ Signature: _____ Date: _____