
New Client Information

Name: _____

Address: _____

Date of birth: _____ Age: _____

Phone: (h) _____ (c) _____ (w) _____

May I leave messages for you at Home? Yes/No Cell? Yes/No Work? Yes/No

E mail: _____

Emergency contact name, **phone number**, and relationship to you:

Years of school/Highest degree earned:

Current Occupation: _____

Employer: _____

Ethnic origin: _____ First language: _____

Sexual Orientation/Gender ID: Heterosexual _____ Gay _____ Lesbian _____

Bi _____ Trans _____ Other ID _____

I am currently: Single _____ Married _____ Divorced _____ Separated _____

Partnered _____ Poly _____

Do you have children? Yes/No If yes, what are their ages?

Religious/spiritual affiliations: _____

Health/Lifestyle

Major or minor health problems: _____

Current medications: _____

Last hospitalization: _____

Past or present counselors/psychotherapists: _____

Past or present psychiatrists: _____

Primary health professional: _____

Is there a history of any of the following issues in your family?

(please circle any which apply)

depression alcoholism drug addiction eating disorder

anxiety verbal abuse physical abuse sexual abuse

mental illness suicide homicide sexual addiction

How many times a week do you drink alcohol?

Once or less _____ 2 or 3 times _____ Almost everyday _____ Daily _____

Do you use recreational/street drugs? Yes No

Which one/s? _____

How often? _____

Health/Lifestyle, cont.

Do you receive any alternative/holistic health treatments? Yes No

Which one/s? massage ____ acupuncture ____ naturopathy ____

Other: _____

Do you exercise? Yes No

What form/s of exercise do you do?: _____

How often? Once a week or less ____ 2 - 3 times a week ____

Almost every day ____ Daily ____

Please give an example of your typical diet:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Interests, hobbies, etc.? How do you spend your spare time? _____

Do you have a spiritual practice? _____

Please briefly describe your current support system (i.e. people, pets, places, etc. you feel supported by): _____

Is there anything else you think I should know about you right away?

Anna Schaum, LPC, CP
Licensed Professional Counselor
Psychodramatist

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Confidentiality

As your counselor I am ethically bound to keep everything about our work confidential (for legal exceptions to this please review the Client Rights document).

In addition I include in your right to privacy the very fact that you are my client/s. Therefore, please know that if we ever see each other outside of the therapy building I will not greet you in order to protect your privacy, unless you greet me first.

Also, please know how much I appreciate your show of confidence when you refer others to work with me. In order to insure everyone's privacy however, know that *unless you give me your specific consent* I will never confirm or deny your status as a client, nor will I reveal whether or not someone you have referred has contacted me.

Fee Agreement

Please consult the fee schedule to select the appropriate fee. If you have circumstances which significantly influence your ability to pay the regular fee for your household income level, please let me know.

My/our fee per session has been set at \$_____.

I/we agree to either pay this fee at each session, to pay in advance for the month, or to arrange to pay by credit/debit card through PayPal, unless other specific arrangements have been made.

I/we understand that if it is necessary to cancel or reschedule an appointment I/we must provide 24 hours notice, or be subject to a \$95 late cancellation fee.

I/We have read and understand the above statements and disclosures regarding fees and confidentiality.

Client Print: _____ Date: _____

Client Sign: _____

Client Print: _____ Date: _____

Client Sign: _____