

**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, PAT  
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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 make payment at the time of my session 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: \_\_\_\_\_