LA CONCIERGE PSYCHOLOGIST

New Client Form

CLIENT INFORMATION

_____

First Name Middle Name Last Name

_____ / _____ /_____ _____ ☐ Male ☐Female ☐_____

Date of Birth Age

_____

Address of Where Sessions Will Take Place

(_____) _____-_____ (_____) _____-_____ (_____) _____-_____

Home Cell Work

_____

Email Address

Best Contact Method (number in order of preference):

___ Home Number

___ Cell Number

___ Work Number

___ Text

___ Email

Referred by: _____

Name

_____

Relationship to You

(_____) _____-_____

Phone Number

May Dr. Lee contact the person who referred you to say thank you? ☐ Y ☐ N

CLIENT QUESTIONNAIRE

Briefly describe the problem or situation which leads you to seeking our service.

_____

_____

_____

How long has this been a problem? _____

Have you seen a therapist before concerning this problem? □ Yes □ No

If yes, for how long and why did treatment end?

_____

_____

Check any of the following that you are currently feeling or dealing with:

□ Unhappy	□ Irritable	□ Withdrawn	□ Angry
□ Fearful	□ Distractible	□ Paranoid	□ Impulsive
□ Stressed	□ Grieving	□ Panic Attacks	□ Physical Abuse
□ Sexual Abuse	□ Substance Abuse	□ Social Problems	□ Marital Problems
□ Sexual Problem	□ Suicidal Thoughts	□ Homicidal Thoughts	□ _____

Are you currently taking any medication for psychiatric or emotional difficulties? □ Yes □ No

If yes, who is the prescribing physician? _____

List the names of the medications you are currently taking or prescribed

_____

_____

Do any of your family members share the same/similar problems you experience? □ Yes □ No

If so, which family members and what kind of problems? _____

_____

_____

What are your goals for therapy? What do you hope to gain out of this experience?

_____

_____

_____

_____

_____