

New Client Paperwork

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Today's Date _____

In order to serve you properly; please complete this form in its entirety. All information will be strictly confidential.

General:

Name _____

Address _____ **City** _____ **zip** _____

Home phone _____ **Cell phone** _____ **Fax** _____

E-mail _____ **Referred by** _____

Age _____ **Date of Birth** _____ **Marital status** _____

Occupation _____

Names and ages of Children _____

Emergency contact _____

May I leave a message at home or work? **Yes no** _____

Insurance Information:

How do you intend to pay for treatment (cash, insurance) _____

If planning to use health insurance, have you requested an authorization? _____

Name of Insurance Company

INSURANCE ID #

Are you the Subscriber If not what is
the subscriber's name, Birthdate, and relationship
with you

Please attach a copy of your insurance card, both
sides

Areas of Concern:

What issues/concerns caused you to seek treatment?
Please describe.

Do you have any specific goals with regard to your
treatment?

Do you have any particular concern/fears with
regard to treatment?

Psychological History:

Have you ever received mental health treatment
before?

Have you ever been hospitalized for mental or emotional problems?

When and for how long?

Why were you hospitalized?

Have you ever taken any medication for a mental or emotional condition?

When and for how long?

Have you ever attempted suicide?

When?

Are you currently having any suicidal thoughts?

Please describe.

Please describe your childhood.

Were you ever subjected to verbal, physical, emotional, sexual abuse?

Please describe

Have you ever been a victim of a violent crime?

Please describe

Medical History:

Have you ever been diagnosed with a serious illness?

Please describe

Do you have any medical conditions that may affect your mental health treatment?

Have you ever been in a 12-step program?

Please describe

Do you smoke?

How much?

For how long?

Do you drink alcohol?

On average, how much alcohol do you consume in a week?

Have you, or Do you currently use illegal drugs?
Please describe

Family of Origin History

Mother's name, age, living/deceased, your age at
the time of mother's death, description of your
relationship with her.

Father's name, age living/deceased, your age at the
time of father's death, description of your
relationship with him.

Names and ages of siblings.

Other Information

Please describe your spiritual identity/orientation.

Please describe your interests/hobbies.

Is there other information that you believe is relevant to your mental health treatment.

I authorize this office to release any information necessary to expedite insurance claims. I understand that I am responsible for all charges, regardless of insurance coverage.

Name of client

date