

Name

Address

DOB

Contact

Cell

Home Phone

Email

Please describe what you are hoping to work on in therapy

How did you hear about my services?

Social/Family History

Marital/relationship status: single married/partnered separated divorced widowed

Children

Age(s)

Others currently living in the home

What individual(s) in your life provide you with the greatest source of social support?

Emergency Contact

Phone

Address

Relationship

List current and past health and medical problems

Current medications

Have you ever been in therapy before? Y N

Name of therapist:

Are there other health care professionals you are working with now? Y N

Please list:

Name	Phone
Name	Phone
Name	Phone

I will only contact these professionals once you have signed an information release form giving me permission to talk with them.

Are you a veteran? Y N If yes, what branch were you in and what dates?

When are your available times for sessions?
(Waiting list is much shorter for early morning time or late evening sessions.)

What would you like me to know before we meet? (In one sentence or less)

Please scan and email this signed consent form to: soconnor@change-a-habit.com

Signature

Date