

CAROL ANN GRAYBEAL MSW, LCSW, BCD

Client Information Sheet

Please take a few moments to complete this form. It is your opportunity to inform your therapist about yourself, your needs and your goals, as well as provide your counselor with necessary information. Please be accurate and specific. Feel free to use the back side of this page.

Name of Client: _____ Date: _____

Name of Parent/Guardian: _____

Address: _____

Phone:(Home) _____ (Work) _____ (Cell) _____

Date of Birth: _____ S.S.# _____

Insurance Coverage: (Include: I.D.#, Company, Deductible Information, Phone number of contacts. . .)

Fee Arrangement: _____

Previous Psychotherapy Treatment: (Please include name of therapist(s), dates seen and concerns) _____

Please list any past treatment with medication and any hospitalizations:

Current concerns: Please be specific, using your own words and take as much space as you need. You may continue on the back if you wish. _____

Signature of Client

Date

Signature of Parent/Guardian

Date

(Your signature signifies that you received the handouts on ACPD and confidentiality, as well as your assurance that the above information is correct.)

(over)

Please list any current medical difficulties and any current medications:

Current household: List all those who live with you – first name only, their age and relationship to you)

Key information:

Have you ever attempted suicide?	Yes	No
Are you currently suicidal:	Yes	No
Have you ever been psychiatrically hospitalized:	Yes	No
Have you ever been in trouble for threatening or harming others?	Yes	No
Do you use illicit drugs?	Yes	No
Amount of Alcohol used/week _____		

Name of Primary Care Physician: _____

Consent for treatment: I, the undersigned, have voluntarily applied for and agree to participate in counseling and/or psychological services. The ultimate responsibility for fees is that of the undersigned/client. CLIENTS ARE REQUESTED TO PROVIDE 48 HOURS NOTICE OF CANCELLATION. WITHOUT SUCH NOTICE, CLIENTS WILL BE BILLED FOR THE PROFESSIONAL TIME. Your signature indicates your understanding and acknowledgement of the foregoing information.

Signature of Client

Date

Signature of Parent/Guardian

Date

Your signature indicates your agreement to be responsible for all monies owed for services rendered.

Thank You!