

# Information Form for New Clients

GLC

Date: \_\_\_\_\_

## Client Information

Name: First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Prefer to be contacted at: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Does not matter \_\_\_\_\_

E-Mail \_\_\_\_\_

Social Security # \_\_\_\_\_ Birth date \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Other \_\_\_\_\_

Employment Status: Employed \_\_\_\_\_ Retired \_\_\_\_\_ Not Employed \_\_\_\_\_

Employer Name \_\_\_\_\_ Occupation \_\_\_\_\_

Student Status: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ School \_\_\_\_\_

Referred By \_\_\_\_\_ May I Contact? Yes \_\_\_ No \_\_\_

Primary Care Physician \_\_\_\_\_ Psychiatrist \_\_\_\_\_

Current Medications/dosage:

1. \_\_\_\_\_ / \_\_\_\_\_ 2. \_\_\_\_\_ / \_\_\_\_\_

3. \_\_\_\_\_ / \_\_\_\_\_ 4. \_\_\_\_\_ / \_\_\_\_\_

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## Insurance Information (please provide a copy of your current card)

Relation to Policy Holder: Self \_\_\_\_\_ Spouse \_\_\_\_\_ Child \_\_\_\_\_

If other than self:

Policy Holder's Name: First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Social Security # \_\_\_\_\_ Birth date \_\_\_\_\_

Employer Name \_\_\_\_\_ **(Parent Information on Backside)**

Therapist Use only:

Next session \_\_\_\_\_ Diagnosis \_\_\_\_\_ Notes: \_\_\_\_\_

# Parent Information

Primary Custodial Parent:

Name: First: \_\_\_\_\_ Middle: \_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Prefer to be contacted at: Home \_\_\_\_ Work \_\_\_\_ Cell \_\_\_\_ Does Not Matter \_\_\_\_

Social Security # \_\_\_\_\_ Birth date : \_\_\_\_\_

Please check one of the following:

\_\_\_\_ Non-custodial parent    \_\_\_\_ Joint custody, but not physical custody

Name: First: \_\_\_\_\_ Middle: \_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Prefer to be contacted at: Home \_\_\_\_ Work \_\_\_\_ Cell \_\_\_\_ Does Not Matter \_\_\_\_

Social Security # \_\_\_\_\_ Birth date : \_\_\_\_\_

Therapist Use only:

Next session \_\_\_\_\_ Diagnosis \_\_\_\_\_ Notes: \_\_\_\_\_