

**Advanced Counseling and Assessment Services**  
New Client Information

**Client Information**

Name of Client: \_\_\_\_\_  Male  Female Date: \_\_\_\_\_

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

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

Home \_\_\_\_\_ *May we leave a message?*  Y  N

Cell \_\_\_\_\_ *May we leave a message?*  Y  N

Work \_\_\_\_\_ *May we leave a message?*  Y  N

Email: \_\_\_\_\_ *May we email you?*  Y  N

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Marital Status:  S  M  Sep.  D  W  Other \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Referred by: \_\_\_\_\_ Previous Therapist: \_\_\_\_\_

**Client Work History**

Employer: \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_

**Responsible Party for Account**

Name: \_\_\_\_\_

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

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

Home \_\_\_\_\_

Cell \_\_\_\_\_

Social Security # \_\_\_\_\_

Employer: \_\_\_\_\_

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

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

Work #: \_\_\_\_\_

**If client is a minor, please complete reverse side.**

**Advanced Counseling and Assessment Services**  
New Client Minor Information

**Name of Client:** \_\_\_\_\_ **Age:** \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Employer: \_\_\_\_\_

**Medical Information**

Primary physician: \_\_\_\_\_

List any medical problems / diagnosis: \_\_\_\_\_

List all medications and reasons for prescription/s: \_\_\_\_\_

Other physician/s involved in care: \_\_\_\_\_

I am willing to sign a Consent to Release Information for therapist to be in contact with the physician/s.     Y     N

**Previous Counseling Information**

List any previous counseling or therapy including name and when: \_\_\_\_\_

Reasons for previous counseling: \_\_\_\_\_

Was the experience positive and/or helpful?     Yes     No, \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_    Relation:     Mother     Father     Other: \_\_\_\_\_

Home: \_\_\_\_\_    Cell: \_\_\_\_\_    Work: \_\_\_\_\_

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**Father's Name:** \_\_\_\_\_    **Date of Birth:** \_\_\_\_\_

Address (if different): \_\_\_\_\_

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

Home: \_\_\_\_\_    Cell: \_\_\_\_\_    Work: \_\_\_\_\_

Employer: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_    **Date of Birth:** \_\_\_\_\_

Address (if different): \_\_\_\_\_

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

Home: \_\_\_\_\_    Cell: \_\_\_\_\_    Work: \_\_\_\_\_

Employer: \_\_\_\_\_

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Current Custody / Legal Status / Guardianship: \_\_\_\_\_

Step Parent/s Name/s: \_\_\_\_\_

**The above minor has my permission to be seen by Advanced Counseling and Assessment Services.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date