McCurdy Counseling, L.L.C.

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New Client Information

Date				Date of Birth _			
Name	First		Middle		Last		
Address							
	Street		City		State	Zip Co	de
Home Phone				May I leave a m	essage for you	ı there?	Yes/No
Work Phone				May 1 leave a m	essage for you	ı there?	Yes/No
Cell Phone				May 1 leave a m	essage for you	ı there?	Yes/No
Email				(Note: This is not	a secure form of	communic	ation.)
Current Marit	al Status	married	single	divorced	engag	ed	
		domestic pa	rtner	widowed			
Name of Spous	se/Partner _				_		
Children (name	es/ages) _				_		
	_				_		
How will you b	e paying fo	or sessions?	cash	check	credit card		
Current Medica	ations						
Are you now o	r have you	ever experienced sui	cidal thou	ights?	If yes, when?		



Are you now or have you ever experienced homicidal thoughts? If yes, when?
Have you seen a mental health professional in the past?
Have you ever been hospitalized for mental health reasons? If yes, what was the reason?
Please briefly describe the reason you are seeking counseling at this time
What do you hope to gain from this counseling experience?
What else would you like for me to know?
How did you hear about McCurdy Counseling, L.L.C.? website (www.McCurdyCounseling.com)
Psychology Today Therapist Directory Individual or Agency Referral
Other

