New Client Form

Name: Date of Birth:

Address:

Phone:

Emergency Contact:

 Name: Phone:

Primary Care Provider (PCP):

Primary Language:

What cultural background do you identify with?

***Please answer the questions completely and honestly.***

What is the main reason you are coming to therapy?

What substances have you been using?

What symptoms of mental health are you having?

How motivated are you to make changes to your **mental health** on a 1-10 scale (10- being the highest):

How motivated are you to make changes to your **substance use** on a 1-10 scale (10- being the highest):

What type of therapy have you done before this appointment?

What are the reasons why you have not gotten help until now?

What are the reasons why you hesitate to get help?

Who would you like to be involved with your therapy?

Anything else you would like to share?