



**New Client Information
(Adult)**

Today's date: _____

Thank you for your cooperation in completion of this form. Please notify me if any of the following information changes during the course of your treatment.

Contact Information:

Name: _____

Home Address: _____

City/State/Zip Code: _____

Phone (cell): _____ Phone (work): _____

Email Address: _____

Date of Birth: _____ Age: _____

Occupation: _____

Employer: _____

If I need to contact you, do I have your permission? _____ Yes _____ No

How do you prefer to be contacted? _____ Phone _____ Text _____ Email

Can I send appointment reminders to you Email address? _____ Yes _____ No

Emergency Contact Information:

Name: _____

Relationship: _____

Phone: _____ Can this phone receive texts? _____ Yes _____ No

Permission to contact in case of emergency? _____ Yes _____ No



What Brings You to Cambron Counseling?

▪ Briefly describe your concerns for which you are seeking help:

▪ What do you hope to accomplish in therapy?

Social Information:

▪ Relationship status: _____

▪ Partner's name (if applicable): _____

▪ Children's names and ages (if applicable):

▪ What hobbies or special interest do you have?

▪ What do you think are your personal strengths/weaknesses?

Medical Information:

▪ Have you ever received a mental health diagnosis? _____ Yes _____ No

▪ If "yes", what was the diagnosis? _____

▪ Are you currently under the care of a doctor or psychiatrist? Explain:

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▪Do you take medication (prescribed or over the counter)? If so, please explain what for:

▪Have you participated in counseling/therapy in the past? If so, what are your feelings towards your treatment?

▪Any additional information important for me to know?
