Adult Client Registration Form

*Please provide therapist with a copy with your ID to verify identity prior to 1st session

Full Name: _____
Nickname/ Preferred name: _____
Date of Birth _____ Age _____Gender Identity _____Personal Pronoun(s)_____
Email Address _____
Religion_____ Race_____ Ethnicity_____
Employment _____ Marital status _____ Children_____
Education level_____
Address (where you currently reside)

_____
Address (where you will be having sessions) (Please notify therapist if your location changes)

_____

Phone Number _____
Preference? Call, Text, or email? _____
Okay to call? _____
Okay to leave message? _____
Okay to text? _____
Okay to email? _____

Emergency Contact
Name _____
Relationship _____
Number _____
Okay to call in case of emergency? _____

Current presenting problem or concern

_____
_____

Have you ever been hospitalized due to mental health needs? Yes No
Have you ever utilized substance abuse treatment or do you
Currently need substance use treatment? Yes No
Do you currently or have you utilized any non prescription substances? Yes No
If yes, please explain
Have you experienced suicidal or homicidal thoughts? Yes No
If yes, when?
*If you are in need of immediate support, please call 911
For immediate crisis support you can also contract SAMHSA's National Helpline at 1-877-726-4727
Have you ever attempted to die by suicide? Yes No
If yes, when and how?
Have you engaged in self harm behaviors? Yes No

If yes, when?

Are you currently on any medications? Yes No

Please name:

Have you been on any medication for mental health in the past? Yes No

Please name:

Have you had any therapeutic services previously? Yes No

Please describe

Do you have any medical issues or concerns? Yes No

Please describe

Scheduling Availability

_____

Insurance (Currently accepting certain plans with Aetna, United Healthcare, Oscar Health, Oxford, or Self pay options)

_____

_____

Additional information you would like to provide in order to best understand your treatment needs_____

_____

Form can be submitted to melanie@therapybymelanie.com