



CLIENT INFORMATION

Client Name (as it appears on insurance card): _____

Please Check the Appropriate Box	YES	NO
• Have you been in therapy before?		
• Are you currently seeing a psychiatrist for medication management?		
• Is this for a court order or forensic related matter?		
• Have you been psychiatrically hospitalized in the last 3 months?		
• Do you own a firearm?		
• Have you thought about harming yourself?		
• Have you thought about harming others?		
• Do you have any active substance abuse concerns, or sobriety for less than 3 months?		

If you answered YES to any of these questions please describe below: