



## CLIENT INFORMATION

Client Name (as it appears on insurance card): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Relationship to Emergency Contact: \_\_\_\_\_

Please Check the Appropriate Box	YES	NO
1) Have you been psychiatrically hospitalized in the last 3 months?		
2) Are you acutely worried about your safety, ie Suicidal Ideation or Homicidal Ideation, in the past 30 days?		
3) Are you on Suboxone or Methadone?		
4) Is this for disability? Long term or temporary?		
5) Do you own a firearm?		
6) Do you have a permit to own a firearm?		
7) Is this for a court order or forensic related matter		
8) Do you have any active substance abuse concerns, or sobriety for less than 3 months?		

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