Donald Cronk, MS, LMHC
Client Information Form

Today's Date:_____

Client Name:_____ Age:_____ DOB:_____

Client Name:_____ Age:_____ DOB:_____

Today's Date:_____

Address:_____
Street City Zip Code

Home Phone:_____ Cell Phone:_____ Do You Text? Y N

Emergency Contact Name/Telephone:_____

E-mail Address:_____

Briefly describe the reason you are seeking treatment today

_____
_____
_____

Are you currently feeling suicidal?_____

INSURANCE INFORMATION

Insurance Carrier:_____

Name of Insured:_____ DOB:_____

Insured's Employer:_____ Occupation:_____

MEDICAL INFORMATION

Family Physician:_____ Phone:_____

Other Provider(s) You See:_____

Current Medications:

Name:_____Dosage:_____Date Prescribed:_____

Name:_____Dosage:_____Date Prescribed:_____

Name:_____Dosage:_____Date Prescribed:_____

Name:_____Dosage:_____Date Prescribed:_____

Over the Counter Medications/Supplements/Herbal remedies You Take: (Please indicate dosage/frequency)

_____
_____
_____

Current use of Marijuana/Cocaine/Methamphetamine or other drugs? History of use?

_____

On average, how many alcoholic beverages do you consume in a week?

_____

Please list the names, ages and relationship (to you) of others living in your home:

_____
_____
_____

What do you like to eat?

_____
_____
_____

Do you exercise? If so, what do you do and how often?_____

Please check the boxes below if you have problems with:

	Getting to Sleep		Appetite		Isolation
	Staying Asleep		Finances		Self Esteem
	Feeling Stressed		Worry/Anxiety		Job/Work
	Sexual Functioning		Friendships		Anger
	Partner/Marital		Diet		Frustration
	Family		Loss		Fear
	History of Abuse		Sadness		Communication
	Body Pain		Happiness		Addiction

My signature below signifies that I understand that sessions that extend beyond 45 minutes will be subject to an additional charge for which I am responsible to pay. In addition, I understand that I will be responsible to pay the full session fee ($250.00) for appointments cancelled without 48 hours notice.

_____ _____

Client Signature Date of Signature