NEW CLIENT INFORMATION

Dr. Lisa Aimee Thompson CRC., LPC.
34 East Center Street, Suite 22/23
Fayetteville, AR 72701
479-935-5430

Welcome! Thank you for taking a few moments to fill out this form. The information you provide is confidential, and will be helpful in establishing you as a new client. If you have any questions, just ask!

Today's Date_____________

Name____ Age _______ Date of Birth ___/____/____

Where did you grow up?_________________________ Occupation ____________________________

Educational level completed/major ___________________ Student Y____ N _____

SSN _________________ Emergency contact ____

Please describe your current living arrangement (Do you live with others?)

____ ________________________

Have you been in therapy before? Y_____ N _____ If yes, when? ___________________________

Reason ____________________________________ Family or Individual ___________________________

Are you currently seeing a psychiatrist? Y _____ N _____ Name ___________________________

Have you or any members of your family ever been hospitalized for mental or emotional illness? ____

If yes please explain---dates, where, reason ____

NEW CLIENT INFORMATION

Dr. Lisa Aimee Thompson CRC., LPC.
34 East Center Street, Suite 22/23
Fayetteville, AR 72701
479-935-5430

Substance abuse/ addiction history? No ______ if Yes, please explain
____

____
____

Legal History (arrests, jail, prison, restraining orders, DWI)
____

____
____

Medical Information

Primary care physicion ____ Phone
____

Currently are you on any medication ?
____

What are your two most important goals for therapy?

1.
____
____

2.
____
____

Problems/symptoms checklist. Fill in 0 – none, 1 – mild, 2 – moderate, 3 - severe

_____ marriage
_____ pre-marital
_____ being single
_____ sexual issues
_____ family
_____ school/learning
_____ money/budgeting
_____ aging
_____ codependency
_____ weight control
_____ mood swings
_____ intimacy
_____ communication
_____ self-esteem
_____ stress

NEW CLIENT INFORMATION

Dr. Lisa Aimee Thompson CRC., LPC.
34 East Center Street, Suite 22/23
Fayetteville, AR 72701
479-935-5430

_____ children _____ eating disorder _____ sensory issues
_____ parents _____ addiction _____ OCD
_____ in-laws _____ grief/loss _____ fatigue
_____ custody _____ depression _____ panic
_____ disability _____ fear/anxiety _____ sleep disturbance
_____ work/career _____ anger issues _____ infertility

Family information

Marital status (check any that apply) Single _____ Dating _____ Committed relationship _____ Engaged_____ Poly _____
Children ______ biological/ adopted /fostered
Ages _____________________________________

Crisis information

Are you having current suicidal thoughts/feelings? Y_____ N _____

If yes, explain
____

____

____

Who referred you to this office?
____

Thank you for taking the time to fill out the client information sheet. This will be reviewed with you during your intake appointment.