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Confidential Client Information

Date _____

Client Name _____

DOB _____ Social Security Number _____

Address _____

Home Phone _____ Cell _____ Work _____

Is it OK to leave a message at these numbers? Home: Y N Cell: Y N Work: Y N

Email: _____

Referred by: _____

Employer/School _____

Occupation or Program/Grade _____

Emergency Contact _____ Phone _____

Address _____ Relationship _____

Relationship Status

____ Married _____ Single _____ Widowed
____ Separated _____ Living Together _____ Other(please specify)
____ Divorced _____ Committed Partnership _____

If married/committed partnership, how many years have you been together? _____

Spouse/Partner _____ # of Marriages _____

Household Members:

<u>Name</u>	<u>Relationship to you</u>	<u>DOB</u>	<u>Occupation</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Ethnicity/Cultural affiliation: _____

Religious/Spiritual affiliation: _____

Please briefly describe the reason you are seeking therapy at this time.

What do you hope to accomplish in our work together (2 or 3 goals)?

If you have had previous therapy, please list when that took place and briefly describe why you were seeking therapy at the time.

Please describe any past or current significant drug or alcohol use.

Please describe any past or current experiences of domestic violence or abuse.

Significant health problems _____

Medications and why they were prescribed. _____

Primary Care Physician _____

Credit Card Information:

A credit card is required to reserve session time and will be charged in the case of a missed appointment without 24 hour notice given to therapist.

Credit Card Number _____

Expiration Date _____

CVV Code _____

Billing Zip Code _____

