Tina Whitehead LMFT-A, CST

Sex therapy to cultivate intimacy & wholeness

New Client Information

Today's Date: _____

Name_____ S.S# _____

Date of birth: _____Age: _____

Street address:

_____

City/State/ZIP: _____

Employer/School _____

Occupation: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Where do you prefer to receive calls? _____Home _____Cell _____Work

May we leave you a message?

___Yes ___No May we contact you by e-mail ___Yes ___No (E-mail address_____

Others who live in the home:

Name _____**Age** _____**Relationship** _____

Name _____**Age** _____**Relationship** _____

Name _____ **Age** _____**Relationship** _____

Name _____**Age** _____**Relationship** _____

<u>If client is a minor</u>:

Mother's Name: _____

Home phone: _____

Work Phone: _____Cell Phone: _____

Father's Name: _____Home Phone: _____

Work Phone: _____Cell Phone: _____

<u>Emergency Contact:</u>

Name: _____Relationship: _____

Address: _____

Phone: _____

DBA: Village Counseling and Resources
Kristina Whitehead, MS LMFT-Assoicate, CST
2203 Timberloch, Pl., Suite 100
The Woodlands, TX 77380
713-409-8450 /rev 3/12

Health Information:

Please list any medical conditions you feel the therapist should be aware of: _____

_____

_____

Please list any medications you are currently taking, including the dosage: _____

_____

Date of Last Medical Visit: _____

Who is your Primary Care Physician? Date of last visit: _____

_____

Have you ever seen a mental health provider? __Yes ___No

If yes, who? _____When? _____

Referred by:

Name: _____

Address:

_____

May we send a thank you card to this referral with your name included? _____Yes ___No

Goals

What are your goals for therapy?_____

_____

_____

_____

_____

_____.

Briefly explain why you are coming in for therapy. _____

_____

_____

_____

_____

_____

DBA: Village Counseling and Resources
Kristina Whitehead, MS LMFT-Assoicate, CST
2203 Timberloch, Pl., Suite 100
The Woodlands, TX 77380
713-409-8450 /rev 3/12