

Mona Latimore, MSW, LICSW

THERAPY SERVICES

Phone: (703) 647-0095 Email: monalattimore@gmail.com Web: monalattimoretherapyservices.com

NEW CLIENT INFORMATION

Please fill out this form and bring to our first session. Information you provide here is held under the same standards of confidentiality as our therapy.

Date: _____
Month Day Year

Name: _____
First Middle Last

Date of Birth: _____ Age: _____
Month Day Year

Address: _____
Street City State Zip

Phone: _____ May I leave voicemails at this number? YES NO

Email: _____ May I email you? YES NO

NOTE: Email is not a confidential medium. I prefer to limit email exchanges to scheduling interactions.

How did you hear about my practice? _____

Emergency Contact: _____
Name Phone Relationship to you
Street City State Zip

INSURANCE INFORMATION (IF APPLICABLE)

Plan: _____

Policy / ID#: _____

Group#: _____

Policy Holder Name: _____

Relation to Policy Holder: _____

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INTAKE QUESTIONNAIRE

If you are currently employed or in school, list the name of your employer / school, and occupation:

What is the highest level of education and field of study that you have completed?

What is your relationship status? (E.g., single, married, divorced, etc.)

Please describe your current living situation, including any family members or roommates living with you:

What are the major problems that you would like help with in therapy?

What motivated you to seek therapy at this time? (*rather than earlier or later*)

What would you like to accomplish during your time in therapy?

Have you experienced any recent life changes or losses? Please describe:

Have you previously received any type of mental health services (psychotherapy, psychiatric services, etc.)? If yes, list name of provider, duration, and reason for termination:

Have you ever been hospitalized for emotional / psychiatric reasons? Please describe

If you have any serious medical conditions, please list them here:

List any medications you are currently taking:

If you have been prescribed psychiatric medication in the past, please list them and provide dates:

Do you consider yourself to be spiritual or religious? If yes, describe your faith or belief:

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Please list all members in your family, including parents, siblings, spouse, and children:

Name	Relationship	Age	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How many members of your family have...

... experienced problems with alcohol and/or drugs: _____

... experienced Psychiatric problems (depression, anxiety, psychosis): _____