

**LISA LEONARD, LMFT, LPC**  
**CONFIDENTIAL CLIENT INFORMATION**

Date of initial appointment: \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

City, Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Relationship status: \_\_\_single \_\_\_married \_\_\_live with partner \_\_\_divorced \_\_\_separated

If married or living together:

Partner's name and phone number: \_\_\_\_\_

Partner's place of employment: \_\_\_\_\_

Children's names & ages: \_\_\_\_\_

In case of emergency, person to contact:

Name	Relationship	Phone No.
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How were you referred to me? \_\_\_\_\_

Name of Primary Physician: \_\_\_\_\_

What medications do you take regularly? \_\_\_\_\_

List any medical problems: \_\_\_\_\_

Have you ever been in counseling or substance abuse treatment before, or hospitalized for a mental health condition? If so, please list approximate dates and names of therapists and/or hospitals:

\_\_\_\_\_  
\_\_\_\_\_

Briefly describe the nature of the concern which brings you here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_