



Lynne M. Springer, MSW
New Beginnings Counseling Service
Phone: 425.238.9320; Fax: 425.322.3596
12221 Village Center Place, Suite 211
Mukilteo, WA 98275

Client Information Form

(Please answer all questions as completely as possible)

Client 1

Full name including middle initial _____

Birth date _____ Cell Phone _____

Home Phone _____ Ok to leave a message? _____

Current Street Address _____

City _____ State _____ Zip Code _____

Email address _____

Place of Employment _____ Net Monthly Total Income _____

Client 2

Full name including middle initial _____

Birth date _____ Cell Phone _____

Home Phone _____ Ok to leave a message? _____

Current Street Address _____

City _____ State _____ Zip Code _____

Email address _____

Place of Employment _____ Net Monthly Total Income _____

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Married _____ Single _____ Divorced _____ Partnered _____

How do you prefer to be contacted? _____

Is it okay to mail counseling information/mailings to the street address above? _____

Number of Dependents _____ Ages of Dependents _____

Names and ages of children/youth who will also be participating in counseling (if applicable):

- 1:
- 2:
- 3:
- 4:

Please tell us how you heard about our services?

____ The Herald _____ Seattle's Child Magazine _____ The Beacon
____ The Tribune _____ Internet Search _____ Superpages
____ Referral from another counselor (Whom?) _____
____ Referral from a friend or family member (Whom?) _____
____ Other (source?) _____

Please describe the problem or situation that has led you into counseling at this time?

List some of the symptoms and/or challenges associated with this problem for you?

What do you hope to achieve through counseling services at this time?

Briefly describe any prior counseling/therapy or psychiatric services you have participated in, including *why it was or was not successful* for you:



Have you previously been given a mental health diagnosis, and if yes, what is it and by who?

Briefly describe any current physical health concerns you may have:

(1)

(2)

For children/youth who may also be participating in counseling:

Please list all medications you are currently taking:

(1)

(2)

For children/youth who may also be participating in counseling:

Please describe your current and past use of drugs or alcohol, including name of drug(s).

Current:

(1)

(2)

Past (including how long ago):

(1)

(2)

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Do you now or have you in the past had suicidal thoughts? Please explain.

(1)

(2)

For children who may also be participating in counseling:

Please tell me anything else you would like me to know about you and/or the services I provide:

Emergency Contact _____ Phone Number _____

Relationship to you _____

I authorize Lynne Springer, MSW, of New Beginnings Counseling Service to provide counseling & therapy services to:

(list all names of those who will participate in services)

I understand that services are voluntary and I can discontinue them at any time. I do however come into the counseling and therapy process with the commitment to communicate honestly and openly and to put my best effort toward working for the problem resolution and/or changes I hope can be achieved through the counseling and therapy process. I also understand that Lynne Springer and New Beginnings Counseling Services will make the commitment to work with me to help myself, my spouse or partner, and/or my family as applicable to resolve the problems, issues and challenges that I/we bring into counseling toward the hoped for outcome. At the same time, I understand that there can be no absolute guarantees that my hoped for outcomes will be met. I also understand that counseling and therapy services may be discontinued by Lynne Springer, MSW, of New Beginnings Counseling at any time should it be deemed they are no longer necessary, not having the hoped for effect, that I/we are no longer actively engaging in services, for lack of payment, or if I “no-show” for an appointment without formerly cancelling via telephone call to Lynne Springer 24-hours prior to the scheduled appointment unless due to an emergency out of my control.

Signature

Date

Signature

Date