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New Client Information Form

Name _____

Address _____

List phone numbers where I can contact you and leave messages for you.

Home _____ Work _____ Cell _____

Date of Birth _____ Marital/Partner Status _____

List the members of your household? Please include pets _____

Occupation _____ Employer _____

Work Address _____

Reason for today's visit _____

Previous experiences with therapy _____

Have you ever had inpatient treatment for mental illness or substance abuse?

Yes _____ No _____

If yes, where and when? _____

Do you have a medical care provider?

Yes _____ No _____

Name of provider _____

Date of last physical examination _____

On the back of this form, please list all the medications and supplements you are taking, your reason for taking them and who prescribes them. Include all the prescription medications, over the counter drugs, vitamins, supplements and herbs you use.

Date of last dental examination _____

How much alcohol do you drink? _____

How much tobacco do you use? _____

List the last grade you completed _____

Are you part of a faith community or another organization that provides support? _____

If yes, what is it? _____

Do you exercise regularly? Yes _____ No _____

If yes, indicate what you do and how often _____

Please indicate whether any of the following are now or have been stressors in your life.

Disruptions in your childhood _____

Divorce _____

Physical, sexual, emotional or mental abuse _____

Domestic violence _____

Substance abuse or addiction _____

Caregiver with mental illness _____

Caregiver with other problems _____

Difficulties in school _____

Disturbed sibling relationships _____

Disturbed peer relationships _____

Significant illness or health problems _____

Legal problems _____

Other stressors _____

Tell me about your family. List their names and ages below.

Mother _____

Father _____

Siblings _____

Children _____

How did you hear about my practice? _____

If you were referred by an individual, may I have your permission to thank him or her?

Yes _____ No _____