Garden City Marriage & Family Therapy
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Garden City, NY 11530
(516) 248-0580
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WELCOME To Our Practice

Individual Form

Name:_____

Address:_____City:_____ Zip:_____

Home Phone:_____Cell Phone:_____
Email:_____

Referred by:_____ Can we thank them for the referral?
____yes ____no

Occupation:_____ Birthdate:_____Age:_____ Sex:____

EMERGENCY CONTACT (name/tel #):_____

Have you ever been married? _____yes _____no If yes, to whom and for how long?_____

Do you have any children? _____yes _____no If yes, please list below (name & ages):
_____
_____

Is there any other person (besides spouse/children) living in your household: ____ yes
_____no

If yes, please give their names and their relationship to you_____
_____
_____
_____

Counseling History

Dates: From:_____ To:_____

With Whom?_____

For What?_____

Who is your Physician?_____

Basic Health: _____good _____fair _____poor When was your last physical exam?_____

Have you ever been hospitalized? ____yes _____no If so, for what?_____

Are you taking any medication at this time? _____yes _____no If yes, what?_____

Are you taking any over-the-counter medications, herbs, supplements, etc.? ___yes ____no If yes, what?_____

Do you have any physical, emotional, or mental condition now or in the past that I need to be aware of? _____yes _____no If yes, what?_____

CURRENT REASON FOR SEEKING COUNSELING:

Briefly describe the problem for which you wish to have counseling?_____
_____

What would you like to see happen as a result of counseling?

_____
_____

The thing which concerns me the most right now is?_____
_____

Would you like to be added to our mailing list? ____yes ____no

POLICY

IT IS CUSTOMARY TO PAY YOUR THERAPIST AT EACH SESSION.

A COUNSELING SESSION IS NORMALLY 45 MINUTES.

24-HOUR CANCELLATION NOTICE IS APPRECIATED; OTHERWISE 50% OF THE FEE WILL BE CHARGED.

I UNDERSTAND THAT SUICIDAL THREATS, HOMICIDAL THREATS OR CHILD ABUSE BY AN ADULT TO A CHILD WILL BE REPORTED.

I UNDERSTAND AND GIVE PERMISSION TO MY THERAPIST TO SEEK CLINICAL SUPERVISION OR CONSULTATION ABOUT MY SITUATION WHEN NECESSARY.

Signature:_____

Please print name:_____

Date:_____