



Concord Insight Partners

Client Information

Please provide the following information for our records. Leave blank any question you would rather not answer. Information you provide here is held to the same standards of confidentiality as our therapy.

Please print out this form and bring it to your first session or allow yourself 15 minutes prior to your appointment to complete the form in the office.

Name: _____
(Last) (First) (Middle Initial)

Name of parent/guardian (if you are a minor):

(Last) (First) (Middle Initial)

Birth Date: ____/____/____ Age: _____ Gender: Male Female

Local Address: _____
(Street and Number)

(City) (State) (Zip)

Home Phone: () May we leave a message? Yes No

Cell/Other Phone: () May we leave a message? Yes No

E-mail: _____ May we email you? Yes No

*Please be aware that email might not be confidential.

Marital Status:
 Never Married Partnered Married Separated Divorced Widowed

Children's Names/Ages: _____

Are you currently receiving psychiatric services, professional counseling or psychotherapy elsewhere? No Yes

Have you had previous psychotherapy?
 No Yes Previous therapist's name _____

Are you currently taking prescribed psychiatric medication (antidepressants or others)?
 No Yes please list: _____

If no, have you been previously prescribed psychiatric medication?
 No Yes please list: _____

How did you hear about Concord Insight Partners? _____