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CLIENT INFORMATION

Today's Date: _____ Date of Birth: _____
Preferred name: _____
Legal name: _____ Gender: _____
(as identified on birth certificate)
Address: _____
Phone: _____ Okay to leave a message? Y / N
Email: _____ (Email may not be a secure method of
communication. Would you like me to send you confidential information via email? Y / N

GUARDIAN INFORMATION

Preferred name: _____ Legal name: _____
Address: _____
Phone: _____ Okay to leave a message? Y / N
Email: _____ (Email may not be a secure method of
communication. Would you like me to send you confidential information via email? Y / N

EMERGENCY CONTACT INFORMATION

In case of emergency, I authorize the following person to receive notification:

Emergency Contact: _____ Phone: _____
Relationship to you: _____

I hereby authorize contact with this person, as specified above:

Signature of client (or authorized representative) Date

PERSONAL INFORMATION

Have you ever participated in counseling? If yes, please describe: _____

What brings you to see a therapist at this time in your life? _____

How do you imagine that engaging in therapy will support you in leading the life you want to live? _____

What helps you to get through tough times? _____

What would you say are some of your strengths? _____

What would people who are close to you say are some of your strengths? _____

Who are the people you turn to for support? _____

Do you have any previous mental health diagnosis? If yes, please describe: _____

Have you ever been hospitalized for mental health reasons? If yes, please describe: _____

Have you ever had thoughts of suicide or attempted suicide? If yes, please describe: _____

Is there anything else that may be helpful for me to know about you and feel is connected to your success in therapy? _____

Thank you for your time and thoughtful completion of this form. This information is helpful to be informed of while beginning a new client and therapist alliance.