



ANDI BLAYLOCK, LCSW

COUPLES, RELATIONSHIPS,
PREMARITAL, FERTILITY, ADOPTION

New Client Information

Name(s): _____

Address: _____

Phone 1: _____ Phone 2: _____ Message OK? Yes No

E-mail: _____

Spouse/Partner (Name/Age/Relationship Status): _____

Years in current relationship: _____ Children? Yes No

Names and DOB: _____

Have you seen a counselor or mental health professional before? Yes No

Have you been diagnosed with a mental health condition before, including substance abuse?
 Yes No If yes, please describe: _____

Are you currently taking any medications, herbs, or supplements for depression or any other
mental health condition? Yes No If yes, please describe: _____

Have you had thoughts of suicide within the past month? Yes No

Have you thought of hurting someone else within the past month? Yes No

Briefly describe the problems you are experiencing:

What has led you to seek help right now?

What are you hoping to improve or change through therapy?

How did you hear about me? (Circle)

Internet search
Psychology Today
Social Media

Insurance website
Goodtherapy.org
Therapist referral site

Friend
Therapist/Doctor/Other professional
Other: _____