



Aiding Therapy Services, PLLC

"Because we all need a little help sometimes."

Client Admission Form

Client Information

Client Name: _____

Address: _____

City: _____

State: _____

Zip: _____

DOB: _____

Relationship Status: _____

Gender Identity: _____

Income: _____

Occupation/Employer: _____

Primary phone number: _____

Text? Yes No

Voicemail? Yes No

Do we need to be discreet? Yes No

Alternate phone number: _____

Email: _____

Insurance Information

Insurance: _____

Group Number: _____

Member ID: _____

Primary Insured: _____

Relation to Client: _____

DOB of Primary Insured: _____

Gender Identity of Primary Insured: _____

Primary Insured Address (if different): _____

Primary Insured Occupation/Employer: _____

Other Household Members

<u>Name</u>	<u>DOB</u>	<u>Relationship</u>

How did you learn about Aiding Therapy Services, PLLC? _____

On the following questions, please feel free to use additional sheets to further explain any answers

Do you or any member of your family have any current/previous medical issues (e.g., migraines, hormonal issues, etc.)? If so, what? _____

Are you or any member of your family currently taking any medication or alternative treatments (e.g., herbal remedies)? If so, what? _____

Do you believe you or a member of your family might have a chemical or behavioral addiction?

Yes

No

Have you or a member of your family been a victim of physical, emotional, or sexual abuse?

Yes

No

Are you currently having any thoughts of/attempts at suicide?

Yes

No

Have you or a member of your family participated in therapy in the past?

Yes

No

Briefly describe what brings you here today? _____

Who may I contact in the case of an emergency?

Name: _____ Phone: _____

Relationship: _____

By signing, I am declaring that the information I have provided above is accurate to the best of my knowledge. In addition, my signature indicates that I authorize Aiding Therapy to call/text/email me based on my stated preferences with the understanding that some electronic forms of communication may leave privacy open to others.

Client Signature

Date