



Nina Watt LPC, MFT

Client Information

Name		Date of Birth	
Address		Email	
City, State, Zip		Employment Status	
Phone Number		Occupation	
<input type="checkbox"/> Ok to leave message?		Level of Education	

How did you hear about me?

Spouse/Partner's Name/Age			
Children's Name/Age			

Family history of substance abuse, psychiatric disorders & suicide:

Current Stressors:

Stress Reducers (both negative and positive):

Frequency/Amount of alcohol Use	
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Quantity of cigarette smoking	
Amount of caffeine use	
Consumption of sugar	
Amount of sleep per night	

Trauma history (physical, emotional, sexual, domestic violence):

Medical issues (including psychotropic medications and doses):

Emergency Contact		
In case of emergency, I authorize the following person to receive notification:		
Name	Relationship	Phone
Signed/Dated		

Insurance Information (if applicable)		
Company name	Phone Number (on back of card)	
Name of insured	Employer	
Insured ID#	Group #	
Relationship to insured	<input type="checkbox"/> Self <input type="checkbox"/> Partner/Spouse	Insured DOB