

**Nancy Newport, LPC, LMFT, PC***Providing psychotherapy to individuals, couples, and families*

Name:			Date of first appointment:		
Street:					
City:	State:	ZIP:	Home Phone:		
Best email address to contact you:			Work Phone:		
Best number to reach you:			Home	Work	Cell
			Cell Phone:		

Sex: Male Female	Date of birth:	Age:
Name of Spouse/Parent:		

Names of Children	Age	Gender	Living with you?	Comments
		M F	Yes No	
		M F	Yes No	
		M F	Yes No	
		M F	Yes No	

Referred by:
May I thank the person who referred you? Yes No

Have you ever been seen by a mental health professional before? Yes No
If yes, please indicate who, when and why:
Was your previous counseling experience beneficial? Yes No
Would you consent for me to contact him/her on your behalf? Yes No

Who should be notified in case of emergency?		
Name:	Relationship:	
Home phone:	Work Phone:	Cell Phone:

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 Signature of client (or guardian, if minor)