

Lauren Hoyt, LLC

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NEW CLIENT REGISTRATION

Name of Client _____ Date _____

DOB _____ Email Address: _____

Address _____

City _____ State _____ Zip _____

Home Telephone () _____ Cell () _____

How may I contact you if need be? Home Cell Email Other

Relationship Status: Married Partnered Single Separated/Divorced Other

In case of an emergency, whom may I contact:

Name _____ Relationship to you _____

Address: _____

Phone: () _____ Phone: () _____

Presenting Problems: Please list the major issues you would like help with in therapy, and rate the severity of each according the below:

1- - - - - 2- - - - - 3- - - - - 4- - - - - 5- - - - - 6- - - - - 7- - - - - 8- - - - - 9- - - - - 10

Mild Problem Moderate Problem Severe Very Severe

Type of Problem or Issue Rating

1. _____

2. _____

3. _____

List Medications that you are currently taking, the dosage and number of times per day (please include non-prescription or herbal remedies)?

If you drink alcohol, what do you drink? _____

How often (please circle)? Less than 2 drinks weekly 2-7 weekly 2-3 daily

More than 3 daily How much? _____

List any significant physical problems, current or a history of (please include surgeries, head injuries, diseases):

Have you ever considered suicide? _____ Yes _____ No

If so, when? _____

Have you ever had previous counseling? If so, with whom?

***Payment for services are due at the time of you session(s).**

I/We consent to consultation and/or treatment for the above mentioned person(s):

X _____
Signature Today's date

X _____
Signature Today's date