Client Information

(Please print clearly and complete all pages)

Nancy L. Hammond, LPC, LLC
1900 Murray Avenue, Suite 206
Pittsburgh, PA 15217
412-682-2573

PERSONAL DATA: **Date: _____**

Last Name: _____ First Name: _____ M.I. ___

Chosen Name: ***(If different than first name):*****_____**

Address: _____ City: _____

State: _____ Zip Code: _____

Phone(s):

Home: (____)_____ May I leave a message here? ☐ Yes ☐ No

Cell: (____)_____ May I leave a message here? ☐ Yes ☐ No

May I text you at this number? ☐ Yes ☐ No

Work: (____)_____ May I leave a message here? ☐ Yes ☐ No

Email: _____May I email you? ☐ Yes ☐ No

Date of Birth: _____ Age: _____

Relationship Status: ☐ Single ☐ Partnered ☐ Married ☐ Divorced ☐ Widowed

Student Status: ☐ Full-time ☐ Part-time ☐ Non-student

(If you are a student) **Major _____**

Emergency Contact: _____ Relationship: _____

Telephone # for emergency contact: _____

HEALTH DATA:

Briefly describe your reason(s) for entering into therapy at this time:

_____

_____

_____

_____

Have you ever been in treatment for mental health issues? ☐ **Yes** ☐ **No**

If 'Yes', please complete the information below:

Reason for Treatment	When (dates)	Where/who

If you are presently taking any prescribed medications, please list them here:

Medication	Dosage	Times Per Day	For Treatment of

Psychiatrist (if you have one) Name: _____ Telephone Number:_____

Do you wish to have a coordination of care letter sent to your psychiatrist? ☐ **Yes** ☐ **No**

If you answered yes, please write the name and address of your psychiatrist here:

_____

_____

Do you wish to have a coordination of care letter sent to your Primary Care Physician? ☐ **Yes** ☐ **No**

If you answered yes, please write the name and address of your PCP here:

_____

_____