LeAnne Pleasant, MSW, LCSW **(949) 812-9785**

NEW CLIENT INFORMATION

Date: _____

Name _____ Date of Birth: _____

Address _____

City _____ State_____ Zip Code _____

Home Phone _____/_____/_____ Cell Phone: _____/_____/_____

E-Mail Address _____

Occupation_____ Satisfied with Position?_____

Education (circle): Some high school Some College Some Graduate School
High School College Degree Graduate/Professional

Relationship Status: Single Living with Partner Domestic Partner
(circle) Engaged Married Widowed Separated Divorced

Emergency Contact Name_____Relationship_____

Emergency Contact Telephone_____ Cell Phone_____

Who Referred You? _____

Any Prior Counseling and/or Psychiatric Treatment: Yes ____ No ____ When? _____

PCP Name and Contact Number_____

Psychiatrist and Contact Number_____

Current Medications (including dosages if known): _____

_____

What brings you to therapy at this time? _____

_____

_____

_____

Other Important Information_____