

New Client Form

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Today's Date: _____

Client Name: _____ Date of Birth: _____

Client SSN: _____

Dependent/Spouse's Name: _____ Date of Birth: _____

Dependent/Spouse's SSN: _____

Address: _____

City, State, Zip: _____

Full Time Student? Yes No Occupation: _____

Cell #: (____) _____ Work #: (____) _____ Home #: (____) _____

Ok to contact and leave message on Cell? Yes No

OK to contact at Home and leave message? Yes No

OK to contact at Work and leave message? Yes No

Emergency Contact Name: _____

Relationship to client: _____

Phone Number: _____

Primary Insurance Information:

Insured Name: _____

Insured SSN: _____

Employer: _____

Health Plan/Payer: _____

Mental Health Plan: _____

Client's Relationship to the Insured: Self Spouse Dependent

Member #: _____ Policy/Group #: _____

Primary Care Physician: _____ Phone: (____) _____

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1. Please list your primary issues, concerns, and/or potentials that you would like to address. In addition, please describe if there was a particular event that triggered your decision to seek services now:

2. Please indicate how the issues for which you are seeking services are affecting the following areas of your life:

1 = no effect 2 = little effect 3 = some effect 4 = much effect 5 = significant effect

Well-being (e.g. aliveness, flow)	1	2	3	4	5	N/A
Marriage/Relationship	1	2	3	4	5	N/A
Family	1	2	3	4	5	N/A
Job/School Performance	1	2	3	4	5	N/A
Friendships	1	2	3	4	5	N/A
Financial Situation	1	2	3	4	5	N/A
Physical Health	1	2	3	4	5	N/A
Anxiety level/Nerves	1	2	3	4	5	N/A
Mood	1	2	3	4	5	N/A
Eating habits	1	2	3	4	5	N/A
Sleeping habits	1	2	3	4	5	N/A
Sexual functioning	1	2	3	4	5	N/A
Alcohol/Drug usage	1	2	3	4	5	N/A
Ability to concentrate	1	2	3	4	5	N/A
Ability to control your temper	1	2	3	4	5	N/A

3. What results to you expect from seeking counseling services?

4. Have you ever received mental health or coaching services before? If so, please list dates, provider name, and the issue, concern or potential for which services were sought:

5. Please list any medications you are currently taking:

6. Please list other persons living in your household, their age, and their relationship to you:
