

Jenny Mayhew, LCSW

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Client Information Sheet

Name of Client: _____ Age: _____ Date of Birth: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Marital Status (Circle one): Single Married Separated Divorced Widowed

Name of spouse (if applicable): _____

Names of parents or guardians if client is a minor: _____

Please list the names and ages of your children and/or family members:

Name: Age: Sex: Parents: Lives with:

What are you hoping to change or learn by coming to counseling? _____

What has been your prior experience with counseling or therapy? _____

Do you have any medical conditions? If so, please explain: _____

Are you on any medications? _____ Medications and Dosage: _____

Are you currently being treated by a Psychiatrist or other Physician? _____

Name of Psychiatrist and/or Physician: _____

Who referred you to Jenny Mayhew, LCSW for counseling? _____

May I thank the person who referred you using your name? Yes No (Circle which one)

Emergency Contact Person: _____ Phone: _____

Confidentiality: Information that you share with Jenny Mayhew, LCSW is confidential and will not be released without your written consent with the exception of the following circumstances. Jenny Mayhew, LCSW is a mandated reporter and is required by law to report any reasonable suspicion of any incident of physical, sexual or emotional abuse of a child, an elderly person, or a dependent adult (past or present); or if a client is in danger or threat of harm to his/herself or to others. Jenny Mayhew may also be required by law to disclose information in the case of a court order.

Payment: All payment is due at each therapy session, unless other arrangements have been made.

24 Hour Notice: Cancellations must be made 24 hours in advance, or you will be charged for the missed session.

I understand and agree to these conditions:

Client Signature: _____ Date: _____

If client is a minor, parent must sign the following:

I give my permission for my child _____ to be treated in therapy by Jenny Mayhew, LCSW. I understand and agree to the above specified conditions:

Parent Signature: _____ Date: _____