Jenny Mayhew, LCSW

Client Information Sheet

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

Address: _____ City: _____ Zip Code: _____

Client Cell Phone: _____ Client's Email: _____

Names of parents if client is a minor: #1: _____ #2: _____

Parent #1 Cell Phone: _____ Parent #2 Cell Phone: _____

Parent #1 Email: _____ Parent #2 Email: _____

Please list the names and ages of all family members who live in the client's household:

Name:	Age:	Relationship to Client

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 being treated by a psychiatrist or other physician?_____ If so, who is your doctor? _____

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.

Sessions: Sessions are 45 to 50 minutes in length.

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.

Phone Calls: Phone conversations lasting more than 10 minutes will be charged at a prorated amount of the session fee.

Electronic Communication: I give Jenny Mayhew, LCSW permission to use email or texts to communication regarding scheduling, understanding that these communications are not secure: Yes No (Circle which one).

I understand that if I use email or texts to share personal information, that it is not secure and may become part of the medical record: Yes No (Circle which one)

I understand and agree to the above specified 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: _____