

Oaktree Counseling

Nikki Schwartz, MA, LPC, NCC

Licensed Professional Counselor

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NEW CLIENT FORM

TODAY'S DATE [REDACTED]

CLIENT'S NAME [REDACTED]
(FIRST) (MI) (LAST)

DATE OF BIRTH [REDACTED] SEX: MALE FEMALE SSN [REDACTED]

ADDRESS [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP [REDACTED]

HOME PHONE [REDACTED] CELL PHONE [REDACTED] WORK PHONE [REDACTED]

PARENT'S NAME (IF CLIENT IS A MINOR) [REDACTED]

HOME PHONE [REDACTED] CELL PHONE [REDACTED] WORK PHONE [REDACTED]

OCCUPATION [REDACTED] EMPLOYER [REDACTED]

E-MAIL ADDRESS [REDACTED]

MARITAL STATUS [REDACTED] SPOUSE'S NAME [REDACTED]

HOME PHONE [REDACTED] CELL PHONE [REDACTED] WORK PHONE [REDACTED]

SPOUSE'S OCCUPATION [REDACTED] EMPLOYER [REDACTED]

E-MAIL ADDRESS [REDACTED]

EMERGENCY CONTACT [REDACTED] RELATIONSHIP [REDACTED] PHONE [REDACTED]

HAS THE CLIENT BEEN IN THERAPY BEFORE? YES NO IF YES, WHEN? [REDACTED]

IF YES, WITH WHOM? [REDACTED]

NAME OF PERSONAL PHYSICIAN [REDACTED]

WHOM CAN WE THANK FOR REFERRING YOU? [REDACTED]