New Client Inquiry Form

Client Contact Information

Full Name:
Preferred Name:
Phone Number:
Email Address:
Preferred Method of Contact: ■ Call ■ Text ■ Email
May we leave a voicemail or text? ■ Yes ■ No

Who Is Seeking Counseling?

■ Adult ■ Teen ■ Child ■ Couple ■ Family
Client Name (if different):
Client Age:

What Brings You In? (Check all that apply)

■ Trauma/PTSD ■ Anxiety ■ Depression ■ Relationship Issues
■ Childhood Trauma/Attachment ■ Parenting ■ Grief/Loss
■ EMDR ■ Child Therapy ■ Group Therapy ■ Not Sure

Additional Notes (optional):

Therapist Preferences (Optional)

Preferred Therapist Gender: ■ Female ■ Male ■ No Preference
Specialty Preference: ■ Trauma ■ EMDR ■ Children ■ Couples ■ Family
Have you attended therapy before? ■ Yes ■ No

Session Logistics

Preferred Format: ■ In-person ■ Telehealth ■ Either
Availability: ■ Morning ■ Afternoon ■ Evening ■ Flexible

Payment Information

Payment Type: ■ Insurance ■ Self-Pay ■ Unsure
Insurance Provider (if applicable):

Important Notice

This form is not monitored 24/7 and is not for emergencies.
If you are in immediate danger, please call 911 or go to the nearest emergency room.

■ I understand this form is not for emergencies.