



MindClear Integrative Psychotherapy  
25 W. 26th St.  
Suite 412  
New York, NY 10010  
212-547-9853

### New Client Intake Information

During your first session today, your therapist will be getting to know you and covering a wide range of background information. Some of this information may be difficult to discuss - Please do not feel pressured to answer any questions with which you feel uncomfortable. Thank you!

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

#### Contact Information:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

	OK to contact?	OK to leave message?
Telephone: Home: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cell: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Other Information:

Ethnicity: \_\_\_\_\_ Sexual Orientation: \_\_\_\_\_ Religion: \_\_\_\_\_

Relationship status: \_\_\_\_\_ Length of time together: \_\_\_\_\_

Employment status: \_\_\_\_\_ Ages of any children: \_\_\_\_\_

Please describe your current living situation (house, apartment, dorm, etc.)

\_\_\_\_\_

Please list any psychiatric medications you are currently taking: \_\_\_\_\_

\_\_\_\_\_