

**Confidential Client Information Form**

**Brenda Hartman-Souder, LCSW-R**  
Psychotherapy & Consultation

Please complete this form and sign where indicated. This information is confidential. If you have concerns about the relevance of any information and want to leave it out, please feel free do to so.

**General Information:**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( \_\_\_\_ ) \_\_\_\_\_ Work Phone: ( \_\_\_\_ ) \_\_\_\_\_

Cell Phone: ( \_\_\_\_ ) \_\_\_\_\_ Which numbers can I call and leave a message?

Email: \_\_\_\_\_

**Relationship Status** (circle one)

Single Married Partnered Separated Divorced Widowed

Spouse/Partner's First Name: \_\_\_\_\_ Age: \_\_\_\_\_ Yrs in relationship: \_\_\_\_\_

Children:

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

With whom do you live?

Have you been married before and/or have you lived with a significant partner in the past?

**Highest Grade/Degree/Trade** \_\_\_\_\_

**Current Occupation:** \_\_\_\_\_ **Employer** \_\_\_\_\_

**Religious affiliation/spirituality:** \_\_\_\_\_

**Who referred you?** \_\_\_\_\_

**Emergency Information**

Emergency Contact Person: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_

Relationship to you: \_\_\_\_\_

What symptoms, problems, or challenges prompted you to contact me?

How do they affect you?

What changes do you hope therapy will help you make?

Have you been in counseling before? When and with whom?

Was it helpful? \_\_\_\_\_ How?

What are your hobbies, interests and strengths?

Who are the most supportive persons in your life?

**Other Information**

Primary Physician to contact in case of emergency: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Date of last physical: \_\_\_\_\_

How do you rate your overall physical health?

Medications/dosages you are currently taking and for what conditions:

**Please note:**

I charge your full fee (not your co-pay) for missed appointments or appointments cancelled less than 48 hours in advance. This must be paid before or at your next session. (See Psychotherapy Agreement for detail.)

**Insurance Information**

I understand that Brenda Hartman-Souder participates with Excellus Blue Cross Blue Shield, Fidelis, EBS RMSCO and Medicare insurances and as an out-of-network provider otherwise. I agree to pay at the time of my appointment. If applicable, I can submit an invoice provided by Brenda, for reimbursement to my insurance company. I understand it is my responsibility to check with my insurance company and see if and at what rate they will reimburse me for psychotherapy services.

Signed \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Privacy Information**

I'm required to prove you with the attached Notice of Policies & Practice to protect the privacy of your health information. Please keep this for your records. As required by Federal Law (HIPAA), please sign to indicate that you've received the HIPAA Privacy Practices Form

Signed \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_