

HSL Consulting: Getting to Know About You Form:

Name:

Date of Birth:

Gender:

SS #:

Marital Status:

Contact Information:

Address:

Phone Number:

E-mail Address:

Emergency Contact (in the event that I need to leave you a message or for an emergency)

Name:

Relationship:

Phone # _____ and e-mail address _____:

Clinical History:

Briefly describe the main reason for seeking services:

Mental Health History: Any previous diagnoses or mental health treatment? Please provide details .

Chemical Health History: Any history of substance use or addiction? Please provide details.

Physical Health History: Any Current Physical Health concerns?

Current Medications: List any current medications and dosage.

Additional Information:

Current Living Situation:

Educational/Work Status:

Insurance Provider and Policy Number (if applicable)

Preferred Method of Communication:

Phone:

Text:

E-mail:

Other:

Consent and Agreement: (Complete by writing yes or no on each line)

_____ I understand that information shared during sessions is confidential, with exceptions outlined by law.

_____ Treatment Consent: I consent to receive mental health and/or chemical health treatment.

_____ Appointment Reminder: I agree to receive appointments by phone { }, text { }, or e-mail { }.

_____ I agree to receive services virtually and understand the benefits and risks.

Client's Signature:

Date:

****Verification of Identification: Please check one of the following and email a picture of it to**

jdenisonhsl@gmail.com

___ Driver's License

___ Birth Certificate

___ Other:

___ Passport

___ Military ID Card

