366 East Graves Ave, Suite D
Orange City, FL 32763-5266
386-775-0990

☐ Bryce Laraway, MS, LMFT
☐ Lynda Ruf, EdS, LMFT, LMHC
☐ Sutton Shepherd, MA, LMHC
☐ Veronica Petkus, MS, LMHC

Date: _____

I am requesting services for: myself my child(ren) my family other

Personal Information

Client Name: Age: Birth date:

Social Security #

Marital Status: Single Partnered Married Separated Divorced Widowed

Street Address:

City State: Zip:

Home Phone: Ok to leave a message? Yes No

Cell Pone: Ok to leave a message? Yes No

Work Phone: Ok to leave a message? Yes No

Email: Ok to send a message? Yes No

Preferred method of contact:

Occupation Employer/School:

Emergency Contact

In case of emergency, notify: Phone:

Relationship to you:

Household Information

Please list any family members and others that live in your home:

Name	Age	Relationship

Medical History

Physician: Phone: Date last seen:

Current medications and purpose:

Please list issues to discuss in therapy that are of primary concern and specific goals you wish to accomplish.

Have you had a prior experience in therapy or counseling of any kind? Yes No

If so, with whom? Was it beneficial? Yes No

Have you ever been hospitalized for mental health issues or attempted suicide? Yes No

If yes, when?

Do you presently have suicidal thoughts? Yes No

Insurance information: Policy number

Name on Policy Group number

Authorization phone number Copay $

Deductible met? Yes No Don't know

Referred by: