



SoundMind AUSTIN

Name _____ Date of Birth _____

Primary Phone _____ May I leave a message? Y | N

Address _____

City _____ State _____ Zip Code _____

Referred by _____

Safe Email Address _____ Permission to email you? Y | N

**Please note: Information through electronic mail and texting is not a completely secure and confidential means of communication.*

Living Situation - Others living in your home (including children):

<i>Name</i>	<i>Age</i>	<i>Sex</i>	<i>Relationship</i>
<i>Pets?</i>			

Please list the main reason(s) for seeking counseling at this time.

What goal(s) would you like to achieve in counseling?

Have you had any counseling in the past? Yes | No If so, what was or wasn't helpful to you.



Health Information

Please list any medications you are currently taking, including psychiatric medications.

Are you currently under treatment for any medical conditions (diabetes, heart conditions, etc.)?

Are there any mental health or medical conditions in your family that you are aware of or concerned about?

Emergency Contact

Name _____

Primary Phone _____ May I leave a message? Y | N

Relationship: Friend | Partner | Parent | Other _____

By signing below, I, the client, verify that the information provided on this form is correct and that David Braham MS, LMFT-S has addressed all of my questions pertaining to this document. In the rare case of an emergency, I give David Braham and Sound Mind Austin P.L.L.C. permission to contact my Emergency Contact.

Client Name (please print) _____

Client Signature

X _____

Date: _____

*Last updated 1/17