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[mercimemphis.org](http://mercimemphis.org)

## CLIENT INFORMATION

The information you provide on this form helps us learn more about you and aids us in developing a unique treatment plan for you.

**This form is confidential and will be kept in your clinical record.**

**NAME:** \_\_\_\_\_ Today's Date: \_\_\_\_\_

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

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

Street

\_\_\_\_\_

City

State

Zip

Email Address: \_\_\_\_\_ Consent to receive emails:  Yes  No

Mobile Phone Number: \_\_\_\_\_  Call  Leave message  Text

Emergency Contact: \_\_\_\_\_

Name

Phone Number \_\_\_\_\_ Relationship: \_\_\_\_\_

**Race:**  White  Black/African American  Asian  American Indian  Native Hawaiian/Pacific Islander

**Ethnicity:**  Hispanic  Non-Hispanic

**Sexual Orientation:** *(Optional)*

St  MSM  Lesbian  Bisexual  Transgender  Queer  Inquiring  Other

**Gender:**

Male  Female  Non-Binary  Other

**Gender at Birth:**

Male  Female

**Health Insurance:**

Uninsured  Medicaid  Medicare  Private Insurance  Private Pay

**NOTE:** MERCY Memphis Counseling Center is considered an "out of network provider." Our administrative staff will provide you with a receipt that will contain the date of service, diagnosis code, and payment made. You can use this receipt when filing for reimbursement from your insurance carrier. Because each policy differs regarding co-pays and deductibles, we advise you to contact your individual insurance company to confirm coverage.

**REASON FOR VISIT:**

Please describe your current reasons for seeking help:

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What are your goals for counseling?

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How long do you expect to be in therapy to accomplish your therapy goals?

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**MEDICAL HISTORY:**

Please describe any significant medical problems, symptoms or illnesses:

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**CURRENT MEDICATIONS**

Name of Medication	Dosage	Purpose	Prescribing MD

Have you ever talked with a psychiatrist, psychologist or other mental health professional?  Yes  No

Previous psychiatric hospitalizations (include dates and reasons):

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Additional information:

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\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

