



Renewed Minds
educate. empower. enhance.

Registration Form

Date: _____
Client's name: _____
Nickname: _____ Date of Birth: _____ Age: _____
Address: _____
City: _____ State: _____ Zip Code _____
Client's number: _____ Client's Email _____

Form completed by (if someone other than client): _____
Relationship to client: _____
Contact number: _____ Address: _____

List symptoms/problems/complaints bringing you to therapy:

Describe psychotherapy services received previously:

Please list all medical diagnosis and doctors/clinicians you are seeing:

Please list all prescribed medications:

Are you taking all medications as prescribed? If not, please explain:

Please list any Traumatic Experiences:

Please list any medical and mental health family history:

Any suicidal and/or homicidal thoughts? If so, please describe when and give a brief description of what the thoughts entailed.

Are you involved in any active traffic, criminal, civil or custody cases? If so, explain.

Has any household members had any cases with either Family & Children Services or Youth Services? If so, please describe.

Are you currently on parole or probation? If yes, please describe:

School _____ Current Grade: _____
Years of education completed: _____ Repeated Grades: _____
Do you have an IEP? _____ Date of last IEP? _____
Any Suspensions/Disciplinary Actions? If so, please describe:

Overall school performance: ___Average ___Above Average ___Problematic/Below Average

Employment: ___Currently employed ___Unemployed ___Disabled ___Student
Place of employment: _____
If unemployed specify date last worked: _____
Work related problems:

Any history of substance (alcohol, cigarettes, illegal drugs, prescription drugs) use/abuse? If so, please describe:

What would you like to achieve from therapy?

Please list any additional information you would like to share:
