

Laura Morra, LCSW
Licensed Clinical Social Worker

615 Sherwood Parkway
Mountainside, N.J. 07092

NEW CLIENT INFORMATION SHEET

Name _____ Today's Date _____

Gender: F _____ M _____ Other _____ Date of Birth _____

Address _____

Email _____

Best Number to Reach You _____

Emergency Contact _____

Occupation _____

Who lives in household? _____

Have you been in therapy before? _____ No _____ Yes

If yes, please describe most recent therapy: _____

If you are currently under the care of a psychiatrist or other mental health provider please provide his/her name & number:

Have you ever been hospitalized for mental health or substance abuse problems?

_____ No _____ Yes If yes, when? _____

Are you in a recovery/self-help program? _____ No _____ Yes

If yes, please describe: _____

Describe any medical problems: _____

List all medications you take: _____

Referral Source (friend, professional, internet, etc.) _____

Briefly describe your reason for contacting me:

Health Insurance Information

Company Name _____

Policy # _____ Group # _____

Name of Policy Holder _____

Address _____

Date of Birth _____