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NEW CLIENT INFORMATION (page 2 of 4)

Emergency Notification:

Name _____ Phone Number _____

History of surgeries, major illnesses, severe accidents:

History of family mental health treatment, including substance abuse issues.

Past and present use of tobacco and over the counter drugs.

Tobacco use:

PAST: _____

PRESENT: _____

Over the counter drugs:

PAST: _____

PRESENT: _____

History of legal problems:

Office use only:

- I.
- II.
- III.
- IV.