

Please take care with where you complete and save this form, as its privacy is your responsibility. Only email it using encrypted email, preferably a free account at www.hushmail.com. Submitting this form is acceptable ONLY after you have completed and signed and returned (accompanying this document is acceptable) the Informed Consent and Privacy Notice forms.

Today's Date: _____

Name (Last, First, Middle): _____

Date of Birth: _____ Driver's License or SSN: _____

Physical Address: _____

City, State, Zip: _____

Gender: Male or Female Marital Status: _____

Hushmail address: _____

Secondary email address: _____

Home Phone: _____ Cell Phone: _____

Please state YES, to give permission to be contacted via your:

hushmail email address: _____ Secondary email address: _____

Home Phone: _____ Cell Phone: _____ By Mail: _____

Have you ever been convicted of a crime? _____ If so what and when: _____

Alternative Contact Information: (This information will be used only for Emergency contact needs.)

Name of an emergency contact(s) if you cannot be reached: _____

Relationship to you: _____

Phone numbers: _____

Do you have experience with (check or x if yes):

Email ___ Encrypted Email or Chat ___ Chat/Instant Messaging ___

PayPal ___ Internet Use ___ Windows XP/Vista/7 ___

What type of Internet access do you have (check or x):

Dial Up ___ Broadband ___

Have you ever been in counseling before? If yes, when, how long, and for what problems? What was the outcome?

Are you currently being treated by a therapist, counselor or psychiatrist?

Are you currently taking any medications, even OTC? If yes, please list them/purpose:

Please give me a brief idea of your current issue that brings you to counseling, any background or current circumstances you feel may be relevant, and anything else you think might be useful to counseling:

AGREEMENT: I have read and completed all information truthfully and accurately to the best of my knowledge. I have read and accepted the Informed Consent and Notice of Privacy Policies and agree to all terms of services.

Printed Name:

Signature: _____

Date: _____