Jamelyn Keatts, MA LMHC (Lic#: LH60498732)
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Date _____ Last Name _____ First Name _____

Address _____

City_____ State_____Zip _____

Email Address_____

Home Phone_____ Work/Cell Phone _____

DOB _____ Gender Identity_____

Preferred Pronouns_____ Sexual Orientation_____

Emergency Contact (name/phone): _____

Is it acceptable to contact you at home or cell? Home: Y / N Cell: Y / N

If "no" to both, then how can I contact you? _____

Is it acceptable for me to leave a voice message on preferred method of

contact? Y / N

Insurance Provider: _____ Policy Number: _____

Policy Group Number: _____

Are you currently under medical care? Y/N

If yes, then please explain/describe. _____

_____

_____

Name of personal Physician & Phone Number: _____

Are you currently taking prescribed medications? Y / N

If yes, then please explain/describe. _____

List any psychiatric/mental health medications you have taken. _____

_____

Do you have any history of harm to yourself or others? Y / N

Have you been under the care of a psychiatrist, psychologist, or counselor? Y/N

If yes, please give the name, date and location of the therapy and explain the nature of the problem which required attention _____

_____

Please circle any of the following struggles that pertain to you:

Anxiety	Depression	Fears/Phobias	Sexual Problems	Suicidal Thoughts
Separation/Divorce	Finances	Drug/Alcohol Use	Career Choices	Self----Control
Unhappiness	Insomnia	Work/Stress	Health Problems	Cutting/Self----Mutilation

Eating Disorders Relationships Anger Religious Matters Thought Patterns

How did you hear about me? _____

May I add you to my mailing list for future communications regarding client care & practice updates? Y / N