ANN C. BLISS, M.A., LCMHC
LICENSED CLINICAL MENTAL HEALTH COUNSELOR
48 Thornton St. Portsmouth, NH, 03801* 603-781-4058

CLIENT INFORMATION

Date__/__/___

NAME:________________________________ Date of birth __/___/____ AGE________

HOME ADDRESS:____ZIP_________

MAILING ADDRESS:____ZIP__________

OCCUPATION_______________________HOW LONG________SS#_______________
employer

HOME PHONE #________________________ WORK PHONE#________________

CELL PHONE#__________________________E-MAIL________________________

MARITAL STATUS _single_married_separated_divorced_widowed HOW LONG____

PARTNER'S NAME_________________________________ Date of Birth___/___/____

OCCUPATION___________________________EMPLOYER______________________

OTHERS LIVING IN THE HOME (Names, ages, how related, occupational or school)

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PERSONAL PHYSICIAN_____________________________PHONE #________________

LAST PHYSICAL EXAM__________ MEDICAL PROBLEMS/SYMPTOMS________

____

CURRENT MEDICATIONS____
PRIOR HOSPITALIZATIONS____

PREVIOUS PSYCHOTHERAPY Therapist ________________ location dates

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INSURANCE INFORMATION

SUBSCRIBERS NAME_______________________________PLAN__________________
CERTIFICATE #___________________________GROUP #_______________________
REFERRED BY:____