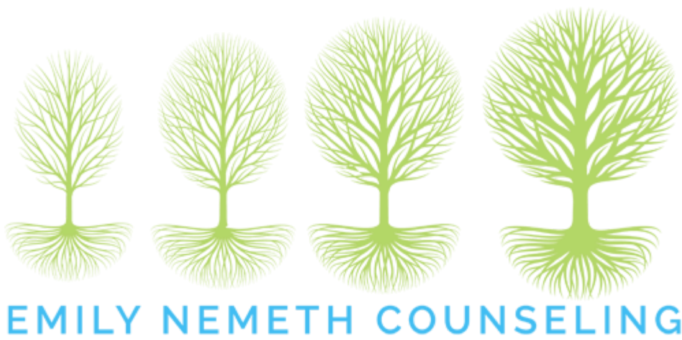

Emily Nemeth, LPC
325 NW 21st Ave., Suite 103
Portland, Oregon 97209
503-290-3273

General Information – ADOLESCENT

Name:______________________________________ Date of Birth:______________

Age:_______ Sex:__________ School Status/Highest Grade Completed:____________

Current Address:____

Home Phone:_______________________ Okay to leave a message? ________________

Cell Phone: ________________________ Okay to leave a message? ________________

Email:____

Referred by:____

Have you ever received professional counseling before? ________ If yes, please describe when, with whom, for how long, what type, etc.?____

____

Reasons for seeking past counseling? ____

Reasons for seeking current counseling? _______________________________________

____

What changes are you hoping to make? What will be different after progress is made?

____

____

List all medications: ____

List medical conditions: ____

List allergies: ____

Name and Phone of Parent/Emergency Contact: __________________________________

*By signing this form, I acknowledge that I have received a copy of the Professional Disclosure Statement and understand its content. Additionally, this signature indicates that I understand the fee structure, and agree to pay all fees incurred. If necessary, this signature also allows communication with my insurance carrier as needed for billing purposes.

*Client Signature: ____ Date: _____________

*Parent/Guardian Signature: ________________________________ Date: ______________

Witness: ____ Date: _____________