

You Can Therapeutic Services
Initial Consultation form
Information provided here is protected confidential information

Client Information				Today's Date:	
Referral Source if any:			Are you currently in counseling? Y/N		
Last Name:		First Name:		Middle Name:	
Date of Birth:		Age:		Gender (Circle One): Male Female Other	
English Speaking (circle one): Yes No	Primary Language:	Ethnicity:			
Relationship Status (Circle One): Single Married Divorced Separated Serious Relationship Widowed			Employment Status:		
Contact Information					
Homeless:			Time Homeless:		
Address:					
Second Line:					
City:		State:	Zip Code:		County:
Phone (Home)		Cell:		Work:	Email:
Best way to make contact (Circle One): Home Cell Work Email			Best time to make contact (Circle One): Morning Afternoon Evening		
Are you interested in virtual counseling (via phone or video chat) or in person?					
Please provide a brief description of what has led you to seek therapy at this time.					

Please return form to MelanieLeeLCSW@gmail.com