Chris Jansen-Yee, PsyD & Associates P.C.

3370 Glade St. Muskegon, MI 49444
Phone (231) 737-1213 Fax (231) 737-1218
Email:chris@Jansen-YeeAssociates.com Website: www.Jansen-YeeAssociates.com

New Client Information Forms

CLIENT NAME_____ **THERAPIST**_____

DATE OF BIRTH_____ **AGE** _____ **SSN:** _____

ADDRESS_____

CITY_____ **STATE**_____ **ZIP**_____

HOME PHONE _____ **CELL PHONE** _____ **WORK PHONE**_____

E-MAIL ADDRESS: _____

So your psychologist can send additional information to you.

Adult Client is considered Responsible for his/her own account.
Child's Account Parent Seeking Services is Responsible for the Account.

CLIENT OR PARENT:

EMPLOYER'S NAME_____

ADDRESS_____ **CITY**_____

STATE _____ **ZIP CODE**_____ **PHONE #** _____

EMERGENCY CONTACT NAME: _____

PHONE #: _____

The above information is accurate and complete to the best of my knowledge

_____

SIGNATURE **DATE**

Please Check Problem Areas:

☐ Alcohol & Drugs	☐ Grief/Loss Issues	☐ Parent/Child Conflict	☐ Sexual Abuse/Rape
☐ Anger/Rage	☐ Homicidal Thoughts	☐ Problems with the Law	☐ Sexual Concerns
☐ Anxiety/Panic	☐ Loneliness	☐ Relationships with Friends	☐ Sleep Disturbance
☐ Appetite/Eating Problems	☐ Lying	☐ Relationships with Parents	☐ Stealing
☐ Attention Problems	☐ Marriage Problems	☐ Relationships with Work	☐ Suicidal Thoughts
☐ Depression	☐ Money/Finances	☐ Religion Issues	☐ Weight Problems
☐ Fears	☐ Pain	☐ Repetitive Thoughts/Actions	