

**LEE LEGRICE, PHD, LCSW**

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**NEW CLIENT INFORMATION**

LAST NAME:		FIRST NAME:		MIDDLE NAME:
ADDRESS:				
CITY:		STATE:	ZIP:	
SOCIAL SECURITY #:	DATE OF BIRTH:		REFERRED BY:	
HOME PHONE: ( )		LEAVE A MESSAGE?    ___ YES                    ___ NO		
CELL PHONE: ( )		LEAVE A MESSAGE?    ___ YES                    ___ NO		
WORK PHONE: ( )		LEAVE A MESSAGE?    ___ YES                    ___ NO		
EMAIL ADDRESS:		OK to leave confidential, detailed message?    ___ YES                    ___ NO		
PERSON TO CONTACT IN CASE OF EMERGENCY:				
RELATIONSHIP TO YOU:			CONTACT PHONE: ( )	

**BILLING INFORMATION**

BILLING FULL NAME:	RELATION TO CLIENT:	___ SELF ___ LEGAL GUARDIAN ___ OTHER		
BILLING ADDRESS:				
CITY:		STATE:	ZIP:	
BILLING PHONE: ( )		LEAVE A MESSAGE?    ___ YES                    ___ NO		
EMAIL ADDRESS:		RECEIVE STATEMENT VIA EMAIL?    ___ YES                    ___ NO		

**INFORMED CONSENT FOR TREATMENT**

I authorize and request that Lee LeGrice, PhD, LCSW carry out psychological assessments, diagnostic procedures and/or treatments which, now or during the course of my care as a client, are advisable. I understand that the purpose of these procedures will be explained to me upon my request and subject to my agreement. I also understand that while the course of therapy is designed to be helpful, it may, at times, be difficult and uncomfortable.

Signed by client: \_\_\_\_\_

Date: \_\_\_\_\_

**CONFIDENTIALTY**

All information between counselor and client is held in strict confidence by the counselor. There are specific and limited exceptions to this confidentiality which include the following:

- 1.) The client authorizes release of information, by signature, as specified on the Release of Information Form;
- 2.) Where there is a clear threat to do serious bodily harm to yourself or others;
- 3.) Where there is reason to suspect the occurrence of abuse or neglect of a child, a dependent adult or a person with developmental disabilities;
- 4.) In response to a subpoena that is associated with a regulatory complaint or in response to a subpoena from a court of competent jurisdiction;
- 5.) Information that must be provided to insurance companies and/or EAP entities as required for the payment of claims, certification/authorization or case management or other purposes related to the benefits of client's health plan.

I have read and understand the HIPPA policy statement provided to me by my counselor:

Signed by client: \_\_\_\_\_

Date: \_\_\_\_\_

**PRESENTING ISSUES**

Please describe your reasons for seeking counseling at this time (please include the approximate dates that you noticed pertinent symptoms, any thoughts of hurting yourself or others and any current, major life stressors):


### MEDICAL HISTORY

Please list any prescription medications you are currently taking (name, dosage, frequency):

Please list any over-the-counter medications you are currently taking (name, dosage, frequency):

Please list any past or present medical conditions for which you have been treated:

Please list all known allergies:

### MENTAL HEALTH HISTORY

Have you ever received psychiatric or psychological treatment of any kind before? \_\_\_ YES \_\_\_ NO

If so, please provide information on level of care: \_\_\_ IN-PATIENT \_\_\_ OUT-PATIENT \_\_\_ BOTH

Please include the reason for your previous treatment:

When and where were you in treatment?

How long were you in treatment?

### HABITS AND SUBSTANCE USE

	Current Usage		Most ever used	
Coffee (cups/day)				
Cigarettes (packs/day)				
Alcohol (please specify type)				
Drugs (please specify type)				

### FAMILY HISTORY

Please describe any medical or mental health conditions of your spouse, parents, siblings and/or children:

Please indicate the level at which your issues are affecting your life in the following areas:

	None	Little	Some	Much	Significant
Marriage/relationship					
Family					
Job/performance					
Friendships					
Financial situation					
Physical health					
Sleeping habits					
Eating habits					
Anxiety level					
Mood					
Suicidal or self-harming thoughts					
Ability to concentrate					
Ability to manage anger					
Spirituality					