

THE STUDY CLUB

NEW CLIENT INFORMATION

Welcome to The Study Club. Our goal is for you to have an enlightening and growth-producing experience with your facilitator/coach. The information you provide us with on this form as well as all other records are strictly confidential. If you have any questions please discuss them with your facilitator.

Full Name _____ Female ___ Male ___

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Work Phone _____

E-mail _____

Driver's License # _____ State _____

Age _____ Date of Birth _____ Single _____ Married _____ In Relationship _____

Person financially responsible for this account: _____

Employer _____ Occupation _____

Name of Significant Other _____

Emergency Contact Information (Name, address, phone #) _____

Relationship: _____

Contact Permissions:

May we contact you on your cell phone? _____ Yes _____ No May we leave a message? _____ Yes _____ No

Email Address we may use to contact you regarding your treatment and to leave appointment reminders:

Primary Care Physician _____ Phone _____

OB/GYN (if applicable) _____ Phone _____

Psychiatrist (if applicable) _____ Phone _____

All Current Prescription Medications (include name, dosage, and frequency):

Medication	Dosage	Purpose	When Started	Prescribed by
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(Use the back of this page to list additional medications)

Ever been hospitalized for emotional concerns, eating disorder, or substance abuse? _____ Yes _____ No

If yes, describe _____

Are you presently concerned about your alcohol or other substance use? Yes No

Please list all your current illnesses or disabilities: _____

Is there anything not addressed above that you think is important for your coach to know that will help in your treatment?

What do you hope to accomplish in our work together?

Who referred you to Kathryn Ronan McNeer? _____

May she contact that person and say thank you? Yes No

Google Yahoo Bing Psychology Today Other _____

Signature _____ Date _____

Printed Name: _____