

# Heather R. Harding, LMHC, LLC

Licensed Mental Health Counselor

Independent Therapist

License#: MH7804

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## New Client Information

Client's Name - \_\_\_\_\_ Referred By - \_\_\_\_\_

Client's Address - \_\_\_\_\_

City - \_\_\_\_\_ Zip Code - \_\_\_\_\_

Home Phone - \_\_\_\_\_ Work Phone - \_\_\_\_\_ Cell Phone - \_\_\_\_\_

Date of Birth - \_\_\_\_\_ SS# - \_\_\_\_\_

Employer Name - \_\_\_\_\_ Occupation - \_\_\_\_\_

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Spouse/Significant Other Name - \_\_\_\_\_

Spouse/Significant Other Address - \_\_\_\_\_

Home Phone - \_\_\_\_\_ Work Phone - \_\_\_\_\_ Cell Phone - \_\_\_\_\_

Date of Birth - \_\_\_\_\_ SS# - \_\_\_\_\_

Employer Name - \_\_\_\_\_ Occupation - \_\_\_\_\_

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### Other Household Members

Name	Age	Relationship
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_____	_____	_____
_____	_____	_____

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### Current Medications – Names, Dosages, and Prescribing Doctor

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### Reason for seeking treatment at this time

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_