

Heather R. Harding, LMHC, LLC

Licensed Mental Health Counselor

Independent Therapist

License#: MH7804

New Client Information

Parent Name - _____ Referred By - _____

Parent Address - _____

City - _____ Zip Code - _____

Home Phone - _____ Work Phone - _____ Cell Phone - _____

Date of Birth - _____ SS# - _____

Employer Name - _____ Occupation - _____

Spouse/Second Parent Name - _____

Spouse/Second Parent Address - _____

City - _____ Zip Code - _____

Home Phone - _____ Work Phone - _____ Cell Phone - _____

Date of Birth - _____ SS# - _____

Employer Name - _____ Occupation - _____

Child's Name - _____ DOB - _____ Age - _____ SS# - _____

School - _____ Grade - _____ Pediatrician name/phone# - _____

Other Household Members

Name	Age	Relationship
------	-----	--------------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

Current Medications – Names, Dosages, and Prescribing Doctor

Reason for seeking treatment at this time
