Sheila Beaty, LPC
1872 County Road 700
Corinth, MS 38834
662-286-6555

CLIENT INFORMATION FORM

Name: _____

Address: _____

_____

Date of Birth: _____

Home Phone: _____ Cell Phone: _____

e-mail address: _____

Are you employed outside the home? _____

Please describe the main difficulty that brought you to see me:

_____

_____

_____

_____

Have you ever received psychological, psychiatric, or counseling services before? _____

Have you ever received drug and/or alcohol treatment services before? _____

Have you ever or are you currently taken medications for psychiatric or emotional problems?

_____