

**WELCOME**

**Lindsay Beard, LMHC, CMHS**

*Located in the Cumulus Park Professional Center (West Bldg) at Smokey Point  
16404 Smokey Point Blvd, Suite 102, Arlington, WA 98223 (360) 420-9488  
Website: [lindsaybeardtherapy.com](http://lindsaybeardtherapy.com); Email: [lindsaybeard@yahoo.com](mailto:lindsaybeard@yahoo.com)*

**IDENTIFYING INFORMATION**

Date: \_\_\_\_\_ Sex: (M) \_\_\_\_\_ (F) \_\_\_\_\_

Client's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_

Cell: \_\_\_\_\_

Emergency Contact Name/Number: \_\_\_\_\_

Religion: (optional) \_\_\_\_\_

Highest Grade Completed: \_\_\_\_\_ Name of School: \_\_\_\_\_

Ethnicity: (optional) \_\_\_\_\_

Insurance Information: \_\_\_\_\_

Please provide a copy of your insurance card

**Family Information:**

Marital Status: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Number of individuals living in your household: \_\_\_\_\_

Name of Individuals living with you and their relationship to you:

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HEALTH:

Describe your present Physical Condition:

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Medications Taking:

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Do you drink?: \_\_\_\_\_ If so, how often and how much?

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Do you abuse Narcotics, and/or other substances?: \_\_\_\_\_



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EMPLOYMENT  
HISTORY

Do you work? (Y)\_\_\_\_\_ (N)\_\_\_\_\_

Present Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

How long have you worked in this job?: Years\_\_\_\_\_ Months\_\_\_\_\_

Longest Job held: Years\_\_\_\_\_ Months\_\_\_\_\_

Title and/or Name of Position: \_\_\_\_\_

Name three other jobs you've been employed in:

(As well as length of employment)

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Ever served in the Military? (Y)\_\_\_\_\_ (N)\_\_\_\_\_

If yes, please give dates and position in Military:

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Honorable or Dishonorable Discharge?: \_\_\_\_\_

Signature of Client and Date: \_\_\_\_\_

Therapist Signature and Date: \_\_\_\_\_