



Mental Health Services, PLLC

812 W. 8th Street, Suite 6A ♦ Plainview, Texas 79072 ♦ www.crossroadsmentalhealthservices.com

Client Information

Name: _____ Nickname: _____ DOB: _____
Gender: ☐ Male ☐ Female Home Phone: _____ Cell Phone: _____ Email: _____
May we: ☐ Leave a voicemail? ☐ Text Message? ☐ Email? (Email communication is a non-secure form of communication; we will not disclose names or identifying information.)
Street Address: _____
City: _____ State: _____ Zip: _____ SS#: _____
Occupation: _____ Relationship Status: _____
In case of emergency, whom should we contact? Name/Relationship: _____ Phone #: _____
Have you ever been treated by a therapist, counselor, psychologist or psychiatrist? ☐ Yes ☐ No Provider(s) and approximate dates: _____

Briefly state your current need for counseling: _____

Medical Information

Primary Care Physician: _____
Are you currently taking any regularly prescribed medications? ☐ Yes ☐ No If yes, who is the Prescriber? _____
Please list the medications/dosages below:
Medication Name: _____ Dose: _____ Frequency: _____
Medication Name: _____ Dose: _____ Frequency: _____
Medication Name: _____ Dose: _____ Frequency: _____
Medication Name: _____ Dose: _____ Frequency: _____

Parent/Legal Guardian (if applicable)

Name: _____ DOB: _____ Gender: ☐ Male ☐ Female
Relationship: _____ Home Phone: _____ Cell Phone: _____ Email: _____
May we: ☐ Leave a voicemail? ☐ Text Message? ☐ Email? (Email communication is a non-secure form of communication; we will not disclose names or identifying information.)
Street Address: _____
City: _____ State: _____ Zip: _____ SS#: _____

Others living in your household?

Name: _____	DOB: _____	Relationship: _____
Name: _____	DOB: _____	Relationship: _____
Name: _____	DOB: _____	Relationship: _____
Name: _____	DOB: _____	Relationship: _____
Name: _____	DOB: _____	Relationship: _____

Who referred you to this practice? _____ May we thank them for the referral? ☐ Yes ☐ No
Would you like to receive email reminders for your appointments? ☐ Yes ☐ No
Would you like to receive text message reminders for your appointments? ☐ Yes ☐ No