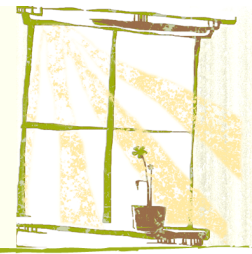


Refresh Counseling

Nikki Kennedy, MA, NCC
303.829.5154



New Client Information Sheet

Name:

Date:

Address:

Phone number(s):

Birth date:

Age:

Employer:

Position:

Emergency name and phone number:

May I leave a message on your answering machine?

Relationship status:

Name of spouse/partner:

Names and ages of those living with you:

Name of parent(s) if under 18:

What kind of issue(s) brought you in to seek counseling today?

Have you seen a counselor before?

Name & Dates:

Please list all medications and medical treatments you are currently using or have used in the past:

How did you find out about Nikki Kennedy?

May I contact this person to thank them for the referral?

If yes, please include address and/or phone number:

A note regarding telephone calls: I try to return all calls within 24 hours during the business week. I am happy to call current clients back and chat for a few minutes. If the conversation lasts longer than 10 minutes, I will bill for the time in increments of 10 minutes.