

**ERIN MASON, LCSW**  
Licensed Clinical Social Worker

*The information you provide is used to better understand and address your needs, and is completely confidential.*

\_\_\_\_\_  
Name \_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Phone \_\_\_\_\_ \_\_\_\_\_  
Cel Phone \_\_\_\_\_ Email

Is it alright to communicate with you re: scheduling via **email**?  YES  NO  
Is it alright to communicate with you re: scheduling via **text**?  YES  NO

How did you hear about me? \_\_\_\_\_

Please list members of family/household:  
*Name* *Age* *Relationship* *Occupation*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Current occupation \_\_\_\_\_ \_\_\_\_\_  
Name of Employer or School \_\_\_\_\_ Education completed

\_\_\_\_\_  
Contact person in case of emergency \_\_\_\_\_ \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone number

\_\_\_\_\_  
Name of Primary Care Physician \_\_\_\_\_ Phone number

\_\_\_\_\_  
Medical conditions, history of hospitalization, allergies, etc.

\_\_\_\_\_  
Medications/vitamins

\_\_\_\_\_  
Recreational drug/alcohol use (amount and frequency)

Please give a brief explanation for the reason you are interested in therapy at this time:  
\_\_\_\_\_  
\_\_\_\_\_

***The above information is true and accurate to the best of my knowledge.***

\_\_\_\_\_  
Signature of person completing this form \_\_\_\_\_ \_\_\_\_\_  
Relationship to client \_\_\_\_\_ Date