



Yidam Energy Healing
Conquer From Within

Ashwini Gupta MFT (Lic #41690)

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www.yidamenergyhealing.com

New Patient Intake Form

The information requested is necessary to better understand your counseling goals. Please be assured that all information submitted will be kept confidential. Your health information is private.

Client Information

First Name _____ Last Name _____

Address _____ Postal Code _____

Phone - Home _____ Work _____ Ext. _____ Cell _____

E-mail _____

Current Status (married, divorced, separated, etc.) Living arrangements of ex-partner(s) if applicable:

Birthday _____

*Employment:	Full-time	Part-time	Unemployed	Retired
	On Leave	Student	Self-Employed	

Occupation _____

Would you prefer that your counsellor contact you by: Phone Email No Preference

If you prefer to be contacted by phone, for reasons of confidentiality, please advise us if we can contact you and/or leave a message at the numbers you have provided.

HOME	Yes	No	WORK	Yes	No	CELL	Yes	No
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*Request for:	Individual Therapy	Couple Therapy	Family Therapy
	Child	Co-Parent Counselling	Online Therapy

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Counseling History

Personal Physician _____

Medication _____

Previous Therapy (e.g. Social Workers, Psychologists, Children's Aid Society, Psychiatrists)

In case of an emergency who should be contacted? Name _____

Phone Number _____ Relation to You _____

Are you planning to pay privately? YES NO

Insurance Company _____

Benefit Limitation _____

Clients who carry insurance should remember that services are rendered and charged to the client and not the insurance company. A copy of your receipt will be provided, which you can submit.

***Presenting Issues** (Check all that apply)

- | | | | |
|-----------------------|------------------|-----------------------|-------------------------|
| Addiction | Anger Management | Anxiety | Blended Families |
| Career & Work Related | Child | Co-Parent Counselling | Couples & Relationships |
| Depression | Family | Grief | Life Transition |
| Separation & Divorce | Stress | Teens | |

Anything specific/additional you would like to tell me about your presenting issues?

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What are you hoping to see change as a result of counseling? _____

Are you involved in a custody, access dispute or disagreement? _____

Office Use Only

Fees Quoted _____

Initial Appointment Date _____

Medication _____

Counselor Notes _____

I have read, understood and completed this questionnaire with accuracy and to the best of my knowledge. Any questions I had were answered to my satisfaction.

Name of Client(s): _____

Parent/Guardian (if under age)

Client's Signature

Date

Date

Second Client Signature