

**Warrenton Women's Counseling Center**

92 Main St., Suite 202

Warrenton, VA 20186

540.316.6362 ext. 0

**Client Information**

Client Name: \_\_\_\_\_

Parent/s Name (if minor) \_\_\_\_\_

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

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

Best Number to reach you \_\_\_\_\_

Is it ok to leave messages at above number? \_\_\_\_\_

Email: \_\_\_\_\_

Ok to send email appointment reminders? Yes \_\_\_\_\_

Who referred you? \_\_\_\_\_

Reason for seeking counseling (Brief summary):

\_\_\_\_\_  
\_\_\_\_\_

Are you currently taking any medications for anxiety or depression? If so, please list them.

\_\_\_\_\_

Is there a current or prior history of depression or anxiety?

\_\_\_\_\_