

**Kimberly Knowlton-Young, LICSW**

20 West Park, Lebanon, NH. 03766

Confidential Phone Number: 339-440-1103

[kimberlyknowltonyoung@gmail.com](mailto:kimberlyknowltonyoung@gmail.com) [www.kimberlyknowlton-young.com](http://www.kimberlyknowlton-young.com)

---

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Which number would you prefer we contact you/leave messages? \_\_\_\_\_

List any limitations this office should observe in leaving messages \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Marital Status \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_

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

**INSURANCE INFORMATION**

Name of insurance company \_\_\_\_\_

Policy holder's name \_\_\_\_\_ Relation to client: \_\_\_\_\_

Policy holder's employer \_\_\_\_\_ Occupation \_\_\_\_\_

Address of employer \_\_\_\_\_

Policy holder's date of birth \_\_\_\_\_

Policy holder's address if different from client \_\_\_\_\_

Mental Health copay amount \_\_\_\_\_ Annual deductible \_\_\_\_\_

Yearly session limit or maximum coverage \_\_\_\_\_

Secondary insurance information if applicable \_\_\_\_\_

**PERSON TO CONTACT IN CASE OF AN EMERGENCY**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ (cell) \_\_\_\_\_ (home) \_\_\_\_\_ (wk)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

CURRENT EMPLOYMENT OR EDUCATIONAL STATUS

List job title, employer name, duties, current work schedule and level of satisfaction.

---

---

---

CURRENT LIVING SITUATION

List the name, ages and relationship of all persons in your household.

---

---

---

Briefly describe your reason for seeking services \_\_\_\_\_

---

---

---

Previous psychotherapy or counseling (dates, with whom, reason) \_\_\_\_\_

---

---

Prior hospitalizations for psychological reasons \_\_\_\_\_

---

Family doctor name, address, phone \_\_\_\_\_

---

Current medications \_\_\_\_\_

---

Allergies (including medication) \_\_\_\_\_