

**Lois Thomson-Bowersock & Associates, LLC**

1733 Woodstead Court, Suite 101

The Woodlands, Texas 77380

Phone: (281) 419-5255 Fax: (281) 419-5251



**New Client Profile - Adult**

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

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

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Gender: \_\_\_\_\_ Social Security No: \_\_\_\_\_

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

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Employer: \_\_\_\_\_

***Emergency Contact:***

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

Telephone: \_\_\_\_\_

Are you currently under the care of a Physician? Yes \_\_\_\_\_ N \_\_\_\_\_

Do you have any chronic or ongoing medical conditions: Y \_\_\_\_\_ N \_\_\_\_\_

If yes, please explain:

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What medications are you taking (include over-the-counter medications):

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***Doctor's Information:***

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Person who referred you:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Insured by:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

***Client Information:***

Prior psychological or chemical dependency counseling/treatment: Y \_\_\_\_\_ N \_\_\_\_\_

If yes, please explain:

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Nature of presenting problem?

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Alcohol or drug use? Yes \_\_\_\_\_ No \_\_\_\_\_

Tobacco? Yes \_\_\_\_\_ No \_\_\_\_\_ Caffeine: Yes \_\_\_\_\_ No \_\_\_\_\_

Substance(s) Used	Frequency Used	Amount Used

***Consent for Evaluation:***

I hereby agree to the performance of an interview and the collection of information deemed necessary by Lois Thomson-Bowersock & Associates, LLC, to evaluate my problems/needs and make appropriate recommendations.

\_\_\_\_\_  
Client Signature

Date: \_\_\_\_\_