Melvin L. Cauthen, MSW, LICSW, LCSW-C
Motivating Life Changes
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Washington, DC 20005
559-546-1156

NEW PATIENT FORM

Date:_____

Name:_____

Date of Birth:_____

CONTACT INFORMATION

Home Address: _____

_____

Home phone number:_____

Cell phone number:_____

Email address:_____

TREATMENT HISTORY

Have you seen a therapist/psychiatrist previously? _____YES _____NO

Name of providers and dates of treatment:

_____

Current medications and dosages (s):

_____

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Check the concerns that apply to you:

___ Depression
___ Anxiety
___ Weight loss issues
___ Relationship concerns
___ Family concerns
___ Gay and Lesbian issues
___ Sexual Identity issues

___ Other (add your own concerns here): _____

_____

_____