

SYLVAN PSYCHOLOGICAL, PLLC

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New Client Information Form

Contact Information

Name (First, Last, MI): _____

Legal Name (if different from given name): _____

Address: _____ City: _____

State: _____ Zip Code: _____

Phone: _____

May I call this number? Y N

May I leave a message at this number? Y N

If I do not have permission to leave a message with you, please list days and times in which I can get a hold of you:

Email Address: _____

May I contact you at this address (scheduling or administrative communications only): Y N

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone Number: _____

Personal Information

Date of Birth: _____

Identified Gender:

Man Woman Non-Binary Genderqueer Agender

My gender identity is not listed (please specify): _____

Do you identify as transgender, or hold a gender identity other than the one you were assigned at birth?

Yes No

Pronouns (please select all that apply):

She/Her He/Him They/Them

My pronouns are not listed (please specify): _____

Relationship Status: _____

Have you ever been married? No Yes # of times: _____

Have you ever been divorced? No Yes # of times: _____

If you have children or dependents, how many? _____

Highest level of education?

- | | |
|---|--|
| <input type="checkbox"/> Grade school | <input type="checkbox"/> Some college |
| <input type="checkbox"/> Middle school | <input type="checkbox"/> Associate's degree |
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> High school degree/GED | <input type="checkbox"/> Master's degree |
| <input type="checkbox"/> Trade school degree | <input type="checkbox"/> Doctoral or professional degree |

Are you employed? Yes No

Employer: _____ Job Title/Position: _____

Hrs/Week: _____

Income (annual or monthly): _____

Are you a student? Part-time Full-time Credit hours this semester: _____

Personal Identities

Racial identity (check all that apply):

- Asian/Asian-American
- Black/African-American
- Latinx/Hispanic
- First Nations/Native American (please specify tribe): _____
- Pacific Islander
- White/European-American
- Biracial/Multiracial (please check all relevant racial identities)
- My racial identity is not listed (please specify): _____

Sexual Orientation:

- Heterosexual Gay Lesbian Bisexual Queer Pansexual Asexual
- My sexual orientation is not listed (please specify): _____

National Identity:

- United States
- I am a first-generation US-citizen; my family's country of origin is: _____
- I hold a different national identity (please specify): _____

Ethnic and Cultural Identities:

Please list any cultural or ethnic identities that are important to you: _____

Religious/Spiritual Identity:

Please list any religious or spiritual identities that are important to you: _____

Career Background

Please briefly describe what you would like to achieve with career counseling: _____

Please select any difficulties you are experiencing with achieving your career goals:

- Desired career has too many drawbacks (salary not high enough, low job security, etc.)
- Difficulty choosing a backup career plan
- Difficulty finding information/resources
- Difficulty making decisions
- Education or training too expensive
- Education or training too difficult
- Education or training too long
- Unsure about career values
- Unsure about desired career environments
- Unsure about personal strengths
- Unsure about values
- Unsure of career options
- Other problem(s) not listed: _____

Career History (position and company or employer): _____

Educational History (high school and later): _____

What are some careers (or majors) you are currently considering? _____

Referral Information

How did you find out about Sylvan Psychological? _____

Automated Appointment Reminders

Please specify how you would like to receive appointment reminders (please select ONE option only)

Via text message to cell phone number: _____

Via email message to the following email address: _____

Via automated phone message to the following number: _____

I do not wish to receive appointment reminders and will be responsible for remembering my own appointment days and times.