

Novo Psychotherapy, LLC

1225 Johnson Ferry Rd., Suite 170, Marietta, GA 30068
770-847-0358

CLIENT INFORMATION

TODAYS DATE: _____

CLIENT 1 NAME: _____

DOB: _____ age - _____

CLIENT 2 NAME: _____

DOB: _____ age - _____

HOME
ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

Calls will be discreet, but please let me know of any
restrictions: _____

EMERGENCY CONTACT:

NAME PHONE#

(WILL ONLY USE IF LIFE AND DEATH EMERGENCY. PLEASE PROVIDE YOUR
SIGNATURE THAT I MAY CONTACT THIS PERSON IN SUCH EVENT

x _____

WHO MAY I THANK FOR THE REFFERRAL:

Please describe reason for appointment today:

Are there any additional goals or needs you wish to discuss aside from ART Consultation:

CLIENT INFORMATION (pg.2)

Client #1

Client #2

In what helpful ways do you handle your stress?

How much alcohol do you currently use?

Do you smoke cigarettes or use any non-prescribed drugs? If so, which?

Have you had any significant losses or traumatic experiences?

Are you currently seeing a therapist, psychologist or counselor?

YES or NO

YES or NO

What, if any, are your religious or spiritual affiliations?

In what way might these have an impact on your decisions about your procedures?

Brief Family history – Parents (alive/deceased?) married? How many years? Siblings, ages?

Place of Employment_____

Place of Employment_____

Occupation_____

Occupation_____

CLIENT INFORMATION (pg.3)

Marital Status (check one):

single married living together How long married/living together? _____
How long dated before marriage? _____ Previous marriages? YES or NO

If yes, who? _____ For how long? _____

Current Medical Conditions

Current Medical Conditions

Current Prescription Medications

Current Prescription Medications

Name of Reproductive Endocrinologist _____

Diagnosis _____

Medications Prescribed for A.R.T. _____

Assisted Reproductive Technology Treatments with Dates & Results of Procedures:

Upcoming Procedures scheduled with dates _____

Dates of Previous Pregnancies _____

Names and Ages of Children, if any _____