

Motivation for Wellness, LLC  
Mind-Body Solutions for Health  
And Healing  
[www.mindandbodytherapy.com](http://www.mindandbodytherapy.com)

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**New Client Information**

Name \_\_\_\_\_

Gender \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Email (if desired) \_\_\_\_\_

Married \_\_\_\_\_ Single \_\_\_\_\_ In a relationship \_\_\_\_\_

Prior counseling? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when, and for what primary concerns?

\_\_\_\_\_

Primary reason for coming to counseling today: \_\_\_\_\_

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Are you currently experiencing any of the following symptoms?

\_\_\_\_\_ anxiety/fear \_\_\_\_\_ difficulty concentrating/focusing

\_\_\_\_\_ depression \_\_\_\_\_ mood swings

\_\_\_\_\_ difficulty sleeping \_\_\_\_\_ thoughts of harming yourself

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(Symptom checklist continued)

- |  |   |
|--|---|
| _____ major appetite changes           | _____ thoughts of harming someone else        |
| _____ lack of interest in things       | _____ relationship conflict                   |
| _____ nightmares                       | _____ anger or impulse control difficulties   |
| _____ stress                           | _____ difficulty with alcohol or other drugs  |
| _____ concerns about food or your body | _____ chronic pain or other physical ailments |

Do you have thoughts about what you are hoping to accomplish through counseling?

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Insurance Information (feel free to skip if you can provide a copy of your card)

Insurance Carrier \_\_\_\_\_

Primary Insured \_\_\_\_\_

Member Number \_\_\_\_\_

Contact Information for Carrier: \_\_\_\_\_

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Credit Card Information

Note: It is required to keep credit card information on file, except in unusual circumstances. Your credit card will never be billed without you being notified first. I can provide receipts as desired, but I may not be able to produce the receipt until your subsequent session (due to delay in processing).

Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ AmEx \_\_\_\_\_ Discover \_\_\_\_\_

Card number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name of cardholder \_\_\_\_\_

