

**Rebel Rise Counseling, PLLC**  
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**NEW CLIENT**

Please know any information provided is confidential and held in a secure location.

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Welcome. I understand this step can be difficult. Please fill out the following with as much detail as you are comfortable providing. You may choose to leave information blank.  
*See you soon!*

**Contact Information**

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

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

Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

Unit Number: \_\_\_\_\_

City | State | Zip: \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Is it safe to leave detailed messages?  Yes  No

Email: \_\_\_\_\_ Is it safe to leave detailed messages?  Yes  No

What is your preferred method of communication?      Phone      Text      Email

Name of Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**NEW CLIENT FORM**  
Rebel Rise Counseling

**Background**

How did you hear about Rebel Rise Counseling? \_\_\_\_\_

Have you had prior counseling experience?  Yes  No

Relationship Status: (e.g. Single, Partnered, Polyamorous, married, separated, divorced, widowed, other): \_\_\_\_\_

Employment Status: (e.g. Unemployed, Part-Time, Full-Time, Retired, Self- Employed):  
\_\_\_\_\_

Company/School Name: \_\_\_\_\_

**Identification**

How do you identify in terms of race/ethnicity/culture? \_\_\_\_\_  
\_\_\_\_\_

How do you identify in terms of spirituality/religion? \_\_\_\_\_  
\_\_\_\_\_

How you identify in terms of gender? \_\_\_\_\_  
\_\_\_\_\_

How do you identify in terms of sexuality? \_\_\_\_\_  
\_\_\_\_\_

**Medical History**

Do you have a primary care doctor?  Yes  No

Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Office/Organization: \_\_\_\_\_

Do you have a psychiatrist?  Yes  No

Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Office/Organization: \_\_\_\_\_

Do you have another healthcare provider? (i.e. acupuncturist, massage therapist, nutritionist, body energy worker, chiropractor, etc.)

1. Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Office/Organization: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Office/Organization: \_\_\_\_\_

\*\* Please fill out the *Release of Information Form* if you would like me to contact any of your care providers regarding your health and wellness information, treatment, and/or history.

***Medical History Continued***

Have you ever attempted suicide(s)?  Yes  No

If yes, please indicate when: \_\_\_\_\_

Previously diagnosed conditions: \_\_\_\_\_

\_\_\_\_\_

Health concerns: \_\_\_\_\_

\_\_\_\_\_

Current medications, vitamins, or supplements you are taking: \_\_\_\_\_

\_\_\_\_\_

Past hospitalizations or inpatient treatments: \_\_\_\_\_

\_\_\_\_\_

Physical, emotional, or relational traumas/abuse: \_\_\_\_\_

\_\_\_\_\_

***Personal Information***

Why did you decide to seek counseling now? \_\_\_\_\_  
\_\_\_\_\_

What are your goals or desired outcomes for seeking therapy at this time? \_\_\_\_\_  
\_\_\_\_\_

What are your hobbies or sources of joy? \_\_\_\_\_  
\_\_\_\_\_

What areas or aspects in your life create stress? \_\_\_\_\_  
\_\_\_\_\_

Do you have any questions for me? \_\_\_\_\_  
\_\_\_\_\_

Is there anything else you would like me to know about you? \_\_\_\_\_  
\_\_\_\_\_

*Thank you for your time.  
I look forward to our work together!*