

**Jim Carson, PhD**  
Licensed Clinical Psychologist

**New Client Enrollment**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Cell Phone:** \_\_\_\_\_ **Other Phone:** \_\_\_\_\_

May I leave a message?  Yes  No

May I leave a message?  Yes  No

**Email:** \_\_\_\_\_

May I leave a message?  Yes  No

**Birthdate:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Referred by:** \_\_\_\_\_

Are you currently seeing any other mental health professionals?  Yes  No

If yes, please list: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_