

# Westchester Psychological Services

91 Smith Avenue  
Mount Kisco, NY 10549  
845-313-9049

www.WestchesterPsychologicalSvcs.com

## New Client Information (*adult*)

**Client Name:**

**Date of Birth:**

**Street Address:**

**City/State/Zip:**

**Phone(s):**

**Email:**

**Emergency  
Contact:**

**If you are you working with other professionals (therapists/medical specialist)  
please list and provide contact information:**

---

---

---

**Medication History (*if applicable*):**

Medication	Prescribing Physician	Reason for prescribing	Start Date	End Date	<i>Side effects</i>

**If you will be submitting to your insurance to use out-of-network benefits, please  
provide the name of your carrier:** \_\_\_\_\_

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