

Amy L. West



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Last Name of Client \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Soc. Sec. Number \_\_\_\_\_ E-mail \_\_\_\_\_

Marital Status:      Single          Married          Separated          Divorced          Widowed          Other

Responsible party name and relationship to client \_\_\_\_\_

Responsible party address & phone no. \_\_\_\_\_

Client's employer \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Type of Business \_\_\_\_\_

How were you referred? \_\_\_\_\_

In case of an emergency, who may we contact?

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Information Pertaining to Spouse, Partner, Children or Other:

Spouse/Partner Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Soc. Sec. Number \_\_\_\_\_

Relationship to the client \_\_\_\_\_

Spouse/partner Employer's Name and Occupation \_\_\_\_\_

Other Family Members Names and Dates of Birth:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

Payment is due at the time of your session(s).

*I/We consent to consultation and/or treatment for the above mentioned person(s).*

\_\_\_\_\_  
Signature of Client                      Today's Date

\_\_\_\_\_  
Signature of Spouse,                      Today's Date  
Partner, Parent, or Responsible Party

**Privacy Practices Acknowledgement:** I have received the Notice of Privacy Practices and Consent Form and have been provided an opportunity to read and review it.

\_\_\_\_\_  
Signature of Client                      Today's Date

\_\_\_\_\_  
Signature of Spouse,                      Today's Date  
Partner, Parent, or Responsible Party