



Welcome to Westbrook Health Services

Please fill out the following information about the client to the best of your ability:

Social Security Number: _____ - _____ - _____

Date of Birth: ____/____/____

Check the box/s that best apply:

Sex (Biological/Assigned at birth)

- Female
- Male

Are you court ordered to be here?

- Yes (Please Specify)

Sexual Orientation

- Heterosexual
- Homosexual
- Bisexual
- Additional: _____

- No

Preferred Pronouns (Please Specify)

What outpatient services are you interested in?

- Mental Health Therapy
- Substance Use Therapy
- Psychiatric Medication Service
- IOP (Intensive Outpatient Therapy)
- Medication Assisted Treatment

- Suboxone

- Vivitrol

Gender Identity

- Female
- Male
- Transgender Female
- Transgender Male
- Nonbinary
- Additional: _____