

Confidential Client Information:

Client Name: _____

Guardian Name(s): _____

Address: _____

Phone: _____ Occupation: _____

Employer: _____

Work Address: _____

Work Phone: _____

Email: _____ Date Of Birth: _____

Marital Status: _____ Number of previous Marriages _____

Current Psychotherapist (if applicable): _____

Current Psychiatrist (if applicable): _____

Current Physician: _____

Have you had a physical exam within the last year? _____

Current Medications & Drug Usage: _____

How would you prefer that I contact you? Please check at least one option from each row

Home Phone Work Phone Cell Phone Home Address Work Address Email

Please provide the name and phone number(s) of whom I may contact in case of emergency:

Name: _____

Phone Number(s): _____

Referred By: Website: _____

OR

Name: _____

Title/Position: _____

Company: _____

Address: _____

Phone: _____

Email: _____

Do I have your permission to inform this person that you have contacted me?

Please briefly describe your reason(s) for seeking therapy at this time:
