

Confidential Client Information

Full Name (please print) _____ Todays date: _____

Cell phone number: _____ Home phone: _____ Work phone: _____

Address _____ City/ State _____ Zip _____

Mailing address _____ City / State _____ Zip _____

Date of Birth: _____ age _____ SS # _____

Training or Education: _____

Your occupation: _____

Marital Status: _____ Length of Marriage: _____

Present Partners Name: _____ Age _____ Occupation: _____

Persons in Household Children's names and ages: _____

May I call you at home? _____ Work? _____ Cell? _____ Referred by: _____

Emergency contact name: _____ phone: _____

Present Health: Good Fair Poor Current medical problems: _____

Medications or alternatives you are currently taking and conditions they are prescribed for? _____

Primary Physician: _____ Psychiatrist: _____

Are you having thoughts of suicide? _____

Previous hospitalizations: _____

List previous therapists names and approximate dates of therapy: _____

List mental health symptoms: _____

Do you anticipate a court case requiring my services? _____

Reason for coming to therapy: _____