

## Client Information

Date: \_\_\_\_\_

Client name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address:(street) \_\_\_\_\_ (city) \_\_\_\_\_ (zip) \_\_\_\_\_

Phone numbers:

OK to leave a message at this number?

H: \_\_\_\_\_ yes no

W: \_\_\_\_\_ yes no

C: \_\_\_\_\_ yes no

Employer: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you find out about my services (circle one)?

My website          Psychology Today online          KOPN 89.5 fm          Yellow Pages

Personal referral (who?) \_\_\_\_\_

• Marital status: single \_\_\_ married \_\_\_ separated \_\_\_ divorced \_\_\_

• Children:

○ name \_\_\_\_\_ age \_\_\_\_\_ live at home? \_\_\_\_\_

○ name \_\_\_\_\_ age \_\_\_\_\_ live at home? \_\_\_\_\_

○ name \_\_\_\_\_ age \_\_\_\_\_ live at home? \_\_\_\_\_

○ name \_\_\_\_\_ age \_\_\_\_\_ live at home? \_\_\_\_\_

Please circle any of the following that currently apply to you:

Depression

Grief or loss

Addictions

Anxiety

Relationship issues

ADHD

Parenting issues

Self-esteem issues

Sexual abuse

Eating disorder

Excessive anger

Trauma

Marriage problems

Excessive stress

Pregnancy loss

Obsessive thoughts

Chronic illness

Other

If other, please describe: \_\_\_\_\_

\_\_\_\_\_