

Client Information Form

Client Name: _____ Date of Birth: _____ Age: _____

Home Address: _____

Cell Phone: _____ Home Phone: _____

Preferred Email Address: _____

Occupation: _____

Highest level of education completed: _____

Marital status: _____ Spouse's Name (if applicable): _____

Children's Names and Ages (if applicable): _____

Name of Emergency Contact: _____ Phone Number: _____

Are you currently, or expecting to be, involved in a lawsuit? _____

What are your reasons for coming here? _____

Have you participated in psychotherapy or a psychological evaluation before? (please mention if in school or outside provider, as well as dates) _____

Have you ever been diagnosed with a psychological concern/illness? If so, which one(s)?

Do you have any medical conditions? _____

Do you take any medications, and if so, for what reasons? _____

How were you referred to this office? (if online, please specify the site if possible)

Do you have health insurance coverage? ____ YES ____ NO

Do you intend to submit claims for insurance reimbursement for services? ____ YES ____ NO

Is there any other information that should be known in order to treat you effectively?

(please use back if needed) _____
