

CLIENT INFORMATION SHEET

Please provide the following information and answer the questions below. *Please note: the information you provide here is protected as confidential information.*

Date: _____

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

Home Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Is it ok to send mail to this address? Yes No

Home Phone: _____ Is it okay to leave a message? Yes No

Cell Phone: _____ Is it okay to leave a message? Yes No

Email Address: _____ May I contact you by email? Yes No

**Please note: Email correspondence is not considered to be a confidential method of communication and I will not send protected health information via email.*

In case of an emergency, please provide the name and number of the person you would like me to contact.

Emergency Contact Name: _____ Phone: _____

Relationship to You: _____

What is your marital status? Single, never married Engaged Married Separated
 Divorced Widowed Domestic partnership

What are your living arrangements? Do you live alone or with others? Please describe: _____

What is your employment status? Employed Work in the home Disability
 Unemployed Retired N/A

Please describe (i.e., type of work and work schedule, length of unemployment, reason for disability):

Next page →

Client Name: _____

Date: _____

Are you a student? Yes No

If yes, please state the name of your school, grade, focus of studies, class schedule: _____

Have you received psychotherapy or psychiatric services in the past? Yes No

If yes, please state the provider and reason for services: _____

Are you currently taking any prescription medication? Yes No

If yes, please list medications and name of prescriber(s): _____

Who in your life supports your participation in therapy? Please identify and state your relationship:

Why are you seeking therapy now? _____

What would like to focus on during therapy? _____

How did you hear about this practice? _____
