**CLIENT INFORMATION**

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

**CLIENT INFORMATION**

Name: \_\_\_\_Date of Birth: \_\_\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (home) \_\_ (cell) \_\_\_\_\_\_ (work) \_\_\_\_\_\_ \_\_\_\_

Status: M/D/W/S/Student Employed Unemployed \_\_\_\_\_\_\_ Stay-at-home \_ Disability\_\_\_\_\_\_\_\_

Occupation/Employer Name: \_\_\_\_

Spouse’s Name: \_\_\_\_\_\_\_\_ \_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_ \_\_\_

Spouses Occupation/Employer Name: \_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I may be contacted via email \_\_\_\_\_\_\_\_\_ (please initial)

**INDIVIDUAL RESPONSIBLE FOR INSURANCE: (Policy Holder or Subscriber)**

Relationship to client: Self: Parent: \_\_\_\_ Spouse: Other: \_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_DOB:

Employer Name:

**OTHER INFORMATION**:

Emergency Contact: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone/address: \_\_\_\_\_\_

How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Care Physician/clinic name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MD phone/address: \_\_\_\_\_\_\_\_\_\_\_\_\_

Psychiatrist/clinic name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR MINOR CLIENT:**

Name of parent/guardian:

Address, if different: \_\_\_\_\_\_

Home phone: Cell phone: Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_