

CLIENT INFORMATION FORM
(this form is confidential)

Today's date: _____

Your name: _____
First Middle Last

Date of birth: _____

Home address: _____

City: _____ State: _____ Zip: _____

Name of Employer: _____

Phone: _____

Email: _____

Referred by: _____

Person to notify in case of any emergency:

Name

Phone

I will only contact this person if I believe it is a life or death emergency. Please provide your signature to indicate that I may do so: (Your Signature): _____

Briefly describe your presenting concern(s):

What are your goals for therapy?

How long do you expect to be in therapy in order to accomplish these goals?

Please use this page to provide any other information that you feel will be helpful for your time in therapy:

Family of origin:

Personal:

Medical:

Relationships:

Other:

Thank you for taking the time to fill out this form.