

Client Information

Name: _____ Today's Date: _____

Address: _____ City: _____ State _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

Email Address: _____

Date of Birth: _____ Social Security Number: _____

Referred by: _____

May I thank the referral source? Yes _____ No _____

Emergency Contact and relationship to you:

Physician(s) name and phone number(s):

Are you involved in any legal proceedings that may involve your therapist? _____

If yes, please describe:
