

CLIENT INFORMATION

Please Print Clearly

Name: _____

Address Where You Live: _____

Mailing Address if Different: _____

Best Phone Number to Reach You: (_____) _____

What number is this? Home Mobile Work Other: _____

May I leave a voice message at this number? Yes No

Alternate Phone Number: (_____) _____

What number is this? Home Mobile Work Other: _____

May I leave a voice message at this number? Yes No

Sign: _____ Date: _____

Have you ever been to a psychotherapist or counselor? Yes No

If yes, when? _____

For how long? _____

For what issue/concern? _____

Was it useful/beneficial for you? Yes Not Sure No

How did you first learn about me and my services? (circle)

Friend/Relative My website Other internet source: _____

Referral organization (e.g. a psychology association): _____

Your physician: _____

Other: _____