

Confidential Client Information

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

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Work # \_\_\_\_\_ Other # \_\_\_\_\_

On what number may we leave a confidential message: Home Cell Work Other

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

I am self-employed  I am unemployed  I am retired

Single  Married  Divorced

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

Emergency Contact Phone: \_\_\_\_\_

Relationship to client: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Psychiatrist: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any medical problems: \_\_\_\_\_

Please list current medications: \_\_\_\_\_

Are you required by a court of law to receive counseling as part of a legal proceeding? Yes No