

Client Information - Adult

Date: _____

Client name: _____ DOB: _____

Address:(street)_____ (city)_____ (zip)_____

Phone numbers: May I leave a voice mail or send a text at this number?

Cell: _____ yes no

Home: _____ yes no

Work: _____ yes no

Email: _____

Occupation: _____

Emergency contact: _____ Phone: _____

How did you find out about my services? (circle all that apply)

My website Psychology Today online Google Ad

Personal referral (who?) _____

Relationship status: single___ committed relationship___ married___
separated___ divorced___ widowed___

Family members:

name _____ age _____ relation to you _____

name _____ age _____ relation to you _____

name _____ age _____ relation to you _____

name _____ age _____ relation to you _____

name _____ age _____ relation to you _____

Please circle any of the following that apply to you:

Depression Compulsive behaviors Chronic illness

Anxiety Grief or loss Addictions

Panic attacks Relationship problems ADHD

Eating disorder Self-esteem issues Sexual abuse

Mood swings Excessive anger Trauma or PTSD

Obsessive thoughts Excessive stress Pregnancy loss

Thoughts of suicide Self-Harm Other

If other, please describe: _____
