

Today's Date \_\_\_\_\_

### **Client Information Form**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Is it okay for me to send mail to your address if necessary? Yes  No

Phone # \_\_\_\_\_ Secondary # \_\_\_\_\_

Is it okay for me to contact you by phone? Yes  No

Is it okay for me to leave you a voicemail if necessary? Yes  No

Email Address \_\_\_\_\_

Is it okay for me to email you regarding non-clinical matters (i.e. scheduling)?  
Yes  No

\*Please note that email is not a confidential form of communication and I strongly discourage any electronic communication of clinical relevance.

Permitted Methods of Contact (check all that apply):

Phone  Mail  Email  Text Message

Marital Status: Single  Married  Divorced  Legally Separated  Widowed   
Domestic Partnership

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Do you have medical insurance? Yes  No

If yes, what company is your medical insurance with? \_\_\_\_\_

Do you have out of network benefits? Yes  No  Unsure

Will anyone be helping pay for your therapy? Yes  No  Unsure

If Yes, whom? Spouse  Family  Friend  Other \_\_\_\_\_

#### **Emergency Contact Information:**

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

Phone #: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Does your emergency contact know that you come to therapy? Yes  No

Would you like for your first name and phone number (ONLY) to be included on a client list that would be used for you to be contacted in the event that I was unable to reach you due to an emergency? Yes  No

Signature provides authorization for all forms of contact methods as identified above:

Signature \_\_\_\_\_

Date \_\_\_\_\_

For office use only:
DOC: _____
DOT: _____

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