

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: _____