

## **Client Information**

Name: \_\_\_\_\_ Phone (cell): \_\_\_\_\_ msg ok? y/n

(work) \_\_\_\_\_ msg ok? y/n

Address: \_\_\_\_\_ City: \_\_\_\_\_ zip: \_\_\_\_\_

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

### Household Members:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Length of employment: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Medications: \_\_\_\_\_ dosage: \_\_\_\_\_

\_\_\_\_\_ dosage: \_\_\_\_\_

\_\_\_\_\_ dosage: \_\_\_\_\_

\_\_\_\_\_ dosage: \_\_\_\_\_

Have you ever sought treatment for substance abuse or personal issues before?

\_\_\_\_\_

Do you currently have any legal action pending? y/n

If so, please explain: \_\_\_\_\_

What changes do you expect from our work together?

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In case of emergency, please contact: \_\_\_\_\_

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

**Please note: You are financially responsible for all scheduled appointments unless a 24 hour cancellation notice is given.**