Client Information

Name: Age: Relationship: Employer: Length of employment: Position/Title: Name of Physician: Phone: Current Medications: dosage: dosage:	Name:	Phone (cell):		_msg ok? y/n
Date of Birth:			(work)	_msg ok? y/n
Name: Age: Relationship: Employer: Length of employment: Position/Title: Name of Physician: Phone: Current Medications: dosage: dosage:	Address:	City:		_zip:
Name: Age: Relationship: Employer: Length of employment: Position/Title: Name of Physician: Phone: Current Medications: dosage: dosage:	Date of Birth:			
Name:	Household Members:			
Name:	Name:	_Age:	Relationship:	
Name:	Name:	_Age:	Relationship:	
Employer: Length of employment: Name of Physician: Current Medications: dosage: dosage: dosage: dosage: Thave 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? In case of emergency, please contact:	Name:	_Age:	Relationship:	
Length of employment:	Name:	_Age:	Relationship:	
Name of Physician:	Employer:			
Current Medications:	Length of employment:	Pos	sition/Title:	
dosage: 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? In case of emergency, please contact:	Name of Physician:		Phone:	
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What changes do you expect from our work together? In case of emergency, please contact:	Do you currently have any legal action pen	iding? y/	/n	
In case of emergency, please contact:	If so, please explain:			
	What changes do you expect from our wor	rk togeth	ner?	
Phone:	In case of emergency, please contact:			
	Phone:			

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