



Client Information

Today's date _____

How many people will be seeing the therapist today? _____ Please fill out the following for each person. You may use the back of this sheet if necessary.

1. Name: _____ Date of birth: _____
Address/Zip: _____
Contact number: _____ (check if okay to leave message) ^Y Alternate
number: _____ (check if okay to leave message) ^Y Email:
_____ (check if okay to email) _____

If Client is a minor (less than 18 years of age) Responsible party and relationship to client
_____ Responsible party address (if
different from client)

Contact number: _____ (check if okay to leave message) _____ Alternate
number: _____ (check if okay to leave message) _____ Email:
_____ (check if okay to email) _____ Is a copy of
divorce decree with custody information on file? ___yes ___no ___NA

2. Name: _____ Date of birth: _____
Address/Zip: _____
Contact number: _____ (check if okay to leave message) _____ Alternate
number: _____ (check if okay to leave message) _____ Email:
_____ (check if okay to email) _____

If Client is a minor (less than 18 years of age) Responsible party and relationship to client
_____ Responsible party address (if
different from client)

Contact number: _____ (check if okay to leave message) _____ Alternate
number: _____ (check if okay to leave message) _____ Email:
_____ (check if okay to email) _____

Is a copy of divorce decree with custody information on file? ___yes ___no ___NA

Additional Information _____

Emergency contact name and number: _____

How did you hear about us? _____ If referral is a physician:
Name: _____ Address: _____

Phone number: _____

Permission to contact? _____ Information about fees and insurance

I understand that my provider today is out-of-network and I must pay my fee in full by cash, check, or credit card. As a courtesy I will be given information by my therapist so that I may file with my insurance company for reimbursement of these fees.

_____ Signature of Client or Responsible Party