

**Client Information**

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

\_\_\_\_\_ D.O.B. \_\_\_\_\_

If family therapy, please include info for family members who will be included in treatment.

Name (s): \_\_\_\_\_ D.O.B. \_\_\_\_\_

\_\_\_\_\_ D.O.B. \_\_\_\_\_

\_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_

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

Emergency contact: \_\_\_\_\_ Tel. No. \_\_\_\_\_

Referred by: \_\_\_\_\_

Please list other mental health providers currently involved \_\_\_\_\_

\_\_\_\_\_

Current medications:

\_\_\_\_\_

\_\_\_\_\_