

# EMILY MARKOWITZ, LMSW LCSW

## Psychotherapy

### CONFIDENTIAL CLIENT INFORMATION

Name

Date of Birth

Address

City

State

Zip

Home #

Cell #

Work #

Other #

On what number may we leave a confidential message: ☐ Home ☐ Cell ☐ Work ☐ Other

Employer

Work Address

City

State

Zip

I am...

☐ self-employed ☐ unemployed

☐ I am retired ☐ Single ☐ Married ☐ Divorced

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Emergency Contact Name

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Emergency Contact Phone

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Relationship to Client

---

Primary Care Physician

Phone

---

Psychiatrist

Phone

---

Please list any medical problems

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Please list current medications

Are you required by a court of law to receive counseling as part of a legal proceeding?

☐ Yes

☐ No