

# LIZ ANDERSON, LICSW

116 Pleasant Street Ste 331 Easthampton, MA 01027 // 413-247-4972  
[lizanderson.licswma@gmail.com](mailto:lizanderson.licswma@gmail.com) // [lizandersonlicswma.com](http://lizandersonlicswma.com)

# CLIENT INFORMATION SHEET

## **Basic information**

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

How do you identify your race and ethnicity? \_\_\_\_\_

Is there anything about your gender identity or sexual orientation that you would like the therapist to know?

\_\_\_\_\_

Relationship status: \_\_\_\_\_

## **Contact Information**

Emergency Contact: Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Phone: \_\_\_\_\_

Your contact information:

Phone	Home/Mobile/Work	Ok to leave message?

## **Medical Information:**

Overall, how would you describe your physical health? \_\_\_\_\_

Date of your most recent physical exam: \_\_\_\_\_

Please list any known drug, environmental, or other allergies: \_\_\_\_\_

\_\_\_\_\_

Please list any ongoing medical conditions that you are experiencing that may be relevant to your mental health treatment and/or important information to share in the case of a medical emergency:

\_\_\_\_\_

\_\_\_\_\_

Have you experienced a medical or mental health hospitalization in the past two years?      \_\_\_ Yes      \_\_\_ No

*Are there others involved in your medical or mental health care who would be helpful for me to communicate with to enhance your care, such as a primary care physician, psychiatrist, or medical specialist?*

<i>Name</i>	<i>Role</i>	<i>Phone number</i>

*Please list any medications that you may be taking for medical and mental health conditions:*

<i>Medication</i>	<i>Dose and Frequency</i>	<i>Prescribed by</i>

***Your experience of therapy:***

Overall, how would you describe your mental health? \_\_\_\_\_  
\_\_\_\_\_

Have you seen a therapist before? If so, when was the last time you were in treatment? Who was the provider?

\_\_\_\_\_  
\_\_\_\_\_

What are your goals for therapy? \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

If not signed by client, relationship to client: \_\_\_\_\_