

## Client Information

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

Name of Client(s): \_\_\_\_\_

Minor Client: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Confidential: (Y) (N)

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

Referred By: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name and Ages of Children: \_\_\_\_\_

\_\_\_\_\_

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

I plan to pay for treatment (cash, card, Mobil app)

Explanation of how therapist can reach Client:

What issues/concerns causes you to seek treatment? Please describe

Do you have any specific goals with regards to your treatment?