

Date _____

Client Information

Name _____

Home Address _____

Preferred phone number _____

Email address _____

Date of birth _____

Marital status _____

Medical/Mental Diagnosis? Please list the name of the family member and the diagnosis _____

Is anyone currently taking medication?

If yes, who? _____

Name of all medications taken: _____

Name of primary care physician _____

Name of psychiatrist, if applicable _____

Emergency Contact Name _____

Emergency Contact Phone Number _____

Emergency Contact Address _____

Therapy Participants

Name _____

Relationship _____

Date of Birth _____