

Client Information

Personal Data

First Name: _____ **Middle Name:** _____ **Last Name:** _____

Street Address:

City, State, Zip Code

Day Telephone:

Evening Telephone:

Date and Place of Birth:

Social Security Number:

Current Marital/Partner Status:

If Married, Date of Marriage or Remarriage:

Names and Ages of Children:

**Place and Length of
Current Employment:**

Medical Information

Current Medical Conditions:

**Medications You are
Currently Taking:**

Hospitalizations Within the Past Five Years:

Recent Context

Significant changes in your life (illnesses, change of marital status, deaths, job changes etc.) in the past five years:

Reasons for seeking therapy:

Previous or Concurrent Treatment

Dates of Previous or Concurrent Therapy and Reasons for Seeking Treatment:

Names of Previous or Concurrent Therapists:

Payment Information

Payment is due at the time of service. The fee is \$ per session. Any unpaid balance will be billed at the end of each month. Insurance assignments are not accepted, but your therapist will assist you if you believe a third-party payor will contribute a portion of your bill. The therapist does not negotiate the above fee with insurance companies.

Signature

Date