

### Client Information

Today's date: \_\_\_\_\_

#### A. Identification

Your name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Your nicknames or aliases: \_\_\_\_\_

Home street address: \_\_\_\_\_ Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/evening phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

OK to leave a confidential message on: \_\_\_\_\_ Cell \_\_\_\_\_ Home

Calls will be discreet, but please indicate any restrictions \_\_\_\_\_

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

Would you like to receive email notification of appointments?  Yes  No

OK to email with schedule changes: Yes No

#### B. Referral: Who gave you my name to call?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

May I have your permission to thank this person for the referral?  Yes  No

How did this person explain how I might be of help to you?

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

#### C. Your medical care: From whom or where do you get your medical care?

Clinic/doctor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

#### D. Emergency Contact: Identify individual to contact in case of an emergency:

Name/Relationship \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_