

CLIENT INFORMATION CARD

Name: _____ Birthdate (mm/dd/yy): _____

Address: _____

Your Age: _____ Your occupation & work place _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Is it ok to leave a message? Yes No At which number(s)? _____

Email address: _____ Do you check this often? _____

Spouse/Partner Name: _____ Age: _____

Do you have children? Yes No

If yes, please list names/ages/gender (if client is a minor please list siblings):

Any other members of your household? _____

Emergency Name: _____ Address: _____ Relation _____

Contact

Home Phone: _____ Work Phone: _____ Cell Phone: _____

How were you referred to me or how did you learn about me? _____

[If client is a minor please complete this section:](#)

Your name & relationship to minor: _____

Who does child reside with? _____

Contact information of other parent if relevant: Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____

Child's cell phone (if relevant): _____

For Therapist To Fill Out: Tx Started Date ____/____/____ Tx Termination Date ____/____/____

Fee \$ _____ Type of Tx: _____ Reason for Termination: _____