

# CLIENT INFORMATION SHEET

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

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

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

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

Cell Phone: \_\_\_\_\_ Single or Married? \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Work Telephone No.: \_\_\_\_\_

Referral Source: \_\_\_\_\_

Are you currently working with another therapist? (If so, who?)

\_\_\_\_\_

Have you had any therapy experiences before? (IF so, when?)

\_\_\_\_\_

Are you on any medications at this time? If so, list them:

\_\_\_\_\_

\_\_\_\_\_

Contact in case of emergency: \_\_\_\_\_

\_\_\_\_\_

What brings you here today?

\_\_\_\_\_

To bill insurance, I will need a copy of your insurance card.  
If you are not listed as the policy holder, I will also need:

- Policy holder's name, address, telephone no.
- Policy holder's SSN
- Policy holder's date of birth

\_\_\_\_\_