



New Client Information Sheet

To be completed by client

Name of Client: _____

D.O.B. _____ Minor: _____ Yes _____ No

Ethnicity: _____ Marital Status: _____

Parents Names (if minor): _____

Client Address: _____

City: _____ Zip Code: _____

Can we use this address?: _____ Y _____ N

Client Phone (H): _____ (W): _____ (Cell): _____

Okay to leave message? _____ Y _____ N

E-mail Address: _____ Is it confidential? _____

Emergency Contact: _____ Phone: _____

Relationship: _____

Employer: _____

Medical Problems: _____

Medications: _____

Doctor name/phone: _____

Who referred you? _____

Presenting Concerns: _____
