

## Client Profile

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

### If Child:

Parent/Guardian's Name _____	Relationship _____
Address _____	Phone _____
Parent/Guardian's Name _____	Relationship _____
Address _____	Phone _____

### In Case of Emergency notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

### Billing Information:

*Person Responsible for Bill*

Person Responsible for Bill: \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

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

Employer & Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Insurance Information

Insurance Company \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

Policy Id.# \_\_\_\_\_ Group Number \_\_\_\_\_

Copay: \_\_\_\_\_ Other information: \_\_\_\_\_

### Primary Care Physician:

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

How did you hear about my practice? \_\_\_\_\_

What led you to make the call to set up this appointment? What are you hoping to get out of it?

Have you seen a therapist or other mental health clinician (psychiatrist, psychologist etc)? If so, about how old were you, and was it helpful or not?

Is there anything else you would like me to know about you and/or your situation?

What medications (if any) are you (or your child) currently taking?

<i>Medication name</i>	<i>Dosage/day</i>	<i>Why do you take it?</i>	<i>Doctor</i>	<i>How long have you been taking it?</i>
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