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CLIENT INFORMATION

Date _____

Preferred Name or Nickname _____

Pronouns (e.g. His/Her/They) _____ Birth date _____

Phone number _____

Is it OK to leave a message? _____ Is it OK to text this number? _____

Email _____

Is it OK to send email? _____

Address _____

City _____ ZIP _____

Emergency contact name and phone number: _____

Medical provider and phone (for emergency purposes only): _____

How were you referred to me? _____

Occupation/Employment: _____

Reason for seeking psychotherapy *now*:

Any previous psychotherapy experiences:

Please list any medications, supplements, etc., you are currently (or recently stopped) taking, and if prescribed, the prescribing medical provider:

