

## Client Information

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

*please list all family members in your home (begin with yourself):*

NAME	H PHONE	W PHONE	CELL	AGE	RELATIONSHIP
please place asterisk next to family members who have engaged in previous therapy					

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**SKYPE ID** \_\_\_\_\_

**ADDRESS & ZIP** \_\_\_\_\_

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**EMAILS** \_\_\_\_\_

<b>Who is on medication:</b>	<b>Name of medication:</b>	<b>Reason:</b>	<b>How Long:</b>
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<b>Name of prescribing doctor:</b>	<b>Phone #:</b>
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**PERMISSION TO CONTACT THIS DOCTOR:** \_\_\_\_\_

**Overuse of prescription medicine and illegal drug use history**

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**If anyone was in therapy before, who did family members see?** \_\_\_\_\_

**What is your opinion of that therapy?** \_\_\_\_\_

**# previous visits to ER** \_\_\_\_\_ **Why?** \_\_\_\_\_

**How did you hear about me?** (If internet, do you remember the keywords or the site you clicked from?)

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