Today's date: \_\_

A. Identification

**Client Information Form**

Name: \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ Date of birth: Age\_\_\_\_\_\_

Nicknames or aliases:

Home street address: Apt.: \_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: Zip: \_\_\_\_\_\_\_\_

Cell Phone or Best Number to Reach:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_e-mail: \_ \_

Calls or e-mail will be discreet, but please indicate any restrictions: \_

B. Referral: Who gave you my name to call?

Name: Phone: Address:

May I have your permission to thank this person for the referral? Yes No

How did this person explain how I might be of help to you? \_\_

1. Chief concern

Please describe the main difficulty that has brought you to see me: \_

1. Medical care: From whom or where do you get your medical care?

Clinic/doctor's name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_

Address: \_ \_

If you enter treatment with me for psychological problems, may I tell your medical doctor so that he or she can be fully informed and we can coordinate your treatment? Yes No

F. Emergency information

If some kind of emergency arises and I cannot reach you directly, or I need to reach someone close to you, whom should I call? \*(Providing this information gives Dr. Marc L. Feldman permission to contact this person, but ONLY in the case of an emergency. Your personal information will remain confidential.)\*

Name:\_\_\_\_\_\_\_\_\_\_\_ Phone: Relationship: Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_