

# Client Information

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ S.S.N. \_\_\_\_\_

Occupation: \_\_\_\_\_

Marital Status: [Single](#) [Married](#) [Widow\(er\)](#) [Divorced](#) [Separated](#) [Partnered](#)

If applicable, partner/spouse name: \_\_\_\_\_

Do you have children? [Yes](#) [No](#)

If yes, names and ages: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_ Is this a mobile number? [Yes](#) [No](#)

Secondary Phone Number: \_\_\_\_\_ Is this a mobile number? [Yes](#) [No](#)

May I leave a voice mail message for you on your preferred phone number? [Yes](#) [No](#)

Email address: \_\_\_\_\_

How do you prefer to be contacted? [Primary Number](#) [Secondary Number](#) [Email](#)

Emergency contact: \_\_\_\_\_

Emergency contact phone number: \_\_\_\_\_



Molly LaCroix, LMFT  
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# Client Information (con't)

Have you ever seen a therapist or other mental health professional? Yes No

If yes, please briefly list the reason(s): \_\_\_\_\_  
\_\_\_\_\_

Are you taking any psychotropic medications (medications for mental health)? Yes No

If yes, please list them \_\_\_\_\_

What brings you to therapy at this time? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Printed Name: \_\_\_\_\_



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