



### INITIAL CONTACT INFORMATION

**Name of person initiating therapy:** \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Employer: \_\_\_\_\_

**Name(s) of others who may be attending sessions:**

**#2: Name:** \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

**#3: Name:** \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

**Who currently lives in your home?** \_\_\_\_\_

\_\_\_\_\_

**Your medical doctor and / or psychiatrist:**

#1: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

#2: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Who were you referred by?**

\_\_\_\_\_ May I thank them? \_\_\_\_\_

**Briefly summarize your reason for beginning therapy:** \_\_\_\_\_

\_\_\_\_\_

**Person to notify in case of an emergency:** \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

