

CLIENT DATA FORM (*confidential*)

1

First Name: _____ Last Name: _____

Name(s) of other individual(s) attending therapy with you: _____

Date of birth: _____ Have you been in therapy before? Yes ___ No ___

Occupation: _____ School/University (students): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ (May I leave a message on this number?) YES NO Work Phone: _____ YES NO Cell: _____ YES NO

E-mail: _____

2**How did you hear about me?** General internet search Aetna directory The Family & Marriage Counseling Directory (www.family-marriage-counseling.com) National Registry of Marriage Friendly Therapists (www.marriagefriendlytherapists.com) National Directory of Marriage and Family Counseling (www.counsel-search.com) Google ad (not regular Google search results, ads appear on the right side of your search results) Personal recommendation (name) _____ Professional referral: (name) _____ Psychology Today News/media Other: _____**3****Emergency Contact Person:** _____

Phone (home/cell): _____

Address: _____

Relationship: _____

I give permission for Mr. Miller to contact this individual in case of an emergency.

Signature of Client_____
Date**4****Person to be named on therapy billing statement (only needed if other than yourself):**

Name: _____ Phone #: _____

(Print address below if this person is not attending therapy with you)

5**Are you seeing another therapist or psychiatrist currently?** Yes ___ No ___

Name(s): _____

(Please fill out *Release of Information* form and will discuss with you if it is necessary for me to coordinate treatment)**6****Would you like a FREE subscription to *Compass*, my bi-monthly e-newsletter (6 issues per year) that gives you ideas and tips about emotional intelligence, relationship fitness and mind/body health? (You can easily unsubscribe at any time).**

Yes ___ No ___

OFFICE USE ONLY**DIAGNOSIS:**
BASIC FEE:**OPENED:**
CLOSED:

