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**CLIENT INFORMATION: Adult**

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender as given to insurance co: \_\_\_\_\_ Pronouns: \_\_\_\_\_

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

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

Please indicate the telephone number you wish me to use to contact you

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Other \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Any medications, including doses, and any supplements or vitamins: \_\_\_\_\_  
\_\_\_\_\_

Any known allergies: \_\_\_\_\_

Brief description of why you are seeking therapy: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other pertinent information: \_\_\_\_\_  
\_\_\_\_\_