

Today's Date: \_\_\_\_\_ Name: (s) \_\_\_\_\_

Birthdate(s): \_\_\_\_\_ Age(s): \_\_\_\_\_

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

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

Home/Evening Phone: \_\_\_\_\_ (calls will be discreet, but please indicate any restrictions)

Home/Evening Phone: \_\_\_\_\_ (calls will be discreet, but please indicate any restrictions)

Employer(s): \_\_\_\_\_

Occupation(s): \_\_\_\_\_

Work Phone(s): \_\_\_\_\_ (calls will be discreet, but please indicate any restrictions)

Email(s): \_\_\_\_\_

Doctor's Phone(s): \_\_\_\_\_

If you enter treatment with me, may I tell your Dr(s) so that we can coordinate treatment?

Client (a) yes \_\_\_\_\_ no \_\_\_\_\_

Client (b) yes \_\_\_\_\_ no \_\_\_\_\_

List any medications you are currently taking:

Client (a) \_\_\_\_\_

Client (b) \_\_\_\_\_

Chief Complaint:

Client (a) \_\_\_\_\_

Client (b) \_\_\_\_\_