



Client Information

Name: _____

Date: _____ Address: _____

City: _____ State: _____ Zip: _____ Primary Phone: _____

Email: _____ Preferred Method of Contact: _____

Ok to text or email: Yes No Date of Birth: _____ Age: _____ Ethnicity: _____

Religious/Spiritual Affiliation, if any: _____

Please list one emergency contact (name, number, relationship):

Who lives in your household:

Relationship Status: _____

Last year of education completed: _____

Occupation: _____ Primary source of income: _____

Employer: _____

Current medications and reasons for taking them:

Health concerns:

Any concerns about your use of drugs and/or alcohol?

How were you referred to me: _____

May I thank them? _____



Previous experience with therapy:

What brings you here today:

Any other information you'd like me to know:

Please read my HIPPA and Office Policy Documents; I am happy to answer any questions.

- I have received and read the “Notice of Privacy Practices (HIPPA)” for Katie Bartley, LMSW.
- I have received and read the “Office Policies” for Katie Bartley, LMSW.

Your signature below indicates that you have read both the “Notice of Privacy Practices” and the “Office Policies” and understand the policies, rights, and responsibilities outlined and agree to abide by their terms during our professional relationship.

Signature: _____

Date: _____

Signature: _____

Date: _____ (if couple, both sign on the same sheet)