

### Client Information

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Birthplace \_\_\_\_\_ Higher Education \_\_\_\_\_

How long in Miami \_\_\_\_\_

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

Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Marital Status (check all that apply): Single  Engaged  Living Together

Married  Separated  Divorced Widowed

Name of Spouse \_\_\_\_\_ Spouse's Employer \_\_\_\_\_

Referred by: \_\_\_\_\_

Names of Children	Age	Gender	Living with you?		Comments
		M / F	YES	NO	
		M / F	YES	NO	
		M / F	YES	NO	
		M / F	YES	NO	
		M / F	YES	NO	

Reason for seeking therapy at this time \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been seen by a mental health professional before? Yes / No  
If yes, please indicate who, when, & why:

\_\_\_\_\_  
\_\_\_\_\_

Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_

Please list any troublesome or significant medical conditions you may have:

\_\_\_\_\_

Current Medications (Prescription & Non-Prescription): Drug, Dose, Frequency, When Started, For what symptoms, Prescribing M.D.

\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

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