

# Jessica Conwell, PsyD

Licensed Psychologist

## Confidential Client Information

Client's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

Marital Status: Married Single Divorced Separated Widowed Live as Married

Home Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate phone (Work/Cell): \_\_\_\_\_

Okay to leave message at home? Yes No Okay to leave message at alternative phone? Yes No

Special instructions regarding messages: \_\_\_\_\_

Email Address: \_\_\_\_\_ Okay to use for appointment scheduling/brief communication? Yes No

What is your preferred way of being contacted? \_\_\_\_\_

How were you referred? \_\_\_\_\_ May I thank that person for referring you (if applicable)? Yes No

Please fill in the following information if the client is a minor:

Guardian(s): \_\_\_\_\_

Guardian Address (if different from above): \_\_\_\_\_

Guardian Phone (if different): \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Who has legal custody of the client? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Members of the Household:

Name	Age	Relationship
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\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Employer/School: \_\_\_\_\_

Type of work: \_\_\_\_\_ Years of education Completed: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_