

ADAM KLEIN, PH.D.

LICENSED PSYCHOLOGIST

CLIENT INFORMATION WORKSHEET

Today's Date: _____

PERSONAL INFORMATION

First Name: _____ Last Name: _____

Social Security Number: _____

Address: _____
STREET CITY STATE ZIP

Telephone Numbers: Home _____ Work _____

Marital Status (circle one) Single Married (Date _____)
Divorced Widowed Separated (For how long? _____)

FAMILY INFORMATION

Who lives with you full-time or part-time?

	Name	Relationship	DOB	Education	Occupation	Living w/ you
1.						
2.						
3.						
4.						
5.						

MEDICAL INFORMATION

Personal Physician: _____ Last Physical: _____

Major Illness(es): _____

Have you ever been in therapy before? Yes No

If yes, how long did you work in therapy? _____

Are you interested in joining a therapy group if an opening becomes available? Yes No Maybe