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Licensed Clinical Social Worker

CONFIDENTIAL CLIENT INFORMATION

WELCOME TO MY PRACTICE

PLEASE ANSWER THE FOLLOWING QUESTIONS AS COMPLETELY AS POSSIBLE

Today's Date: _____

Full Name: _____ Marital Status: _____

Address: _____
Street City State Zip Code

Home Phone: _____ Mobile Phone: _____

Work Phone: _____ Email Address: _____

Age: _____ Date of Birth: _____ SSN: _____ Birthplace: _____

Education: _____
Number of years Degree Field

Employer: _____ Position: _____

Spouse/Partner: _____
Name Age Occupation

Children: _____
Name, Gender, Age Name, Gender, Age Name, Gender, Age

Have you seen a psychotherapist before? Yes No If yes, when? _____

Please list any current medications you are taking: _____

Name of Previous therapist: _____

Please give a brief description of the issues you want to address: _____

Please tell me how you heard about my practice: _____

If you were referred by someone, may I call to thank them? Yes No

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