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Psychotherapy, Consulting & Coaching

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