Susan D. Berlin, LICSW, CASAC

Psychotherapy, Consulting & Coaching

CONFIDENTIAL CLIENT INFORMATION

WELCOME TO MY PRACTICE

PLEASE ANSWER THE FOLLOWING QUESTIONS AS COMPLETELY AS POSSIBLE

Today's Dat	te:				
Full Name:			Marital Status:		
Address:					
Street			City	State	Zip Code
Home Phone:			Mobile Phone:		
Work Phone:			Email Address:		
Age:	Date of Birth:	SSN	l: Birthplace:		
Education:	Number of years	Degree		Field	
Employer:	Number of years	-	Position:		
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Spouse/Partner:				Occupation	
Children.			Ü		
Children:	Name, Gender, Age		Name, Gender, Age		Name, Gender, Age
Have you se	een a psychotherapist k	pefore? Yes	No If yes, when?		
Please list a	any current medications	s vou are taking:			
		, you allo talling			
Name of Pre	evious therapist:				
	a brief description of the				
ricase give	a brief description of the	ie issues you w	ant to address.		
Please tell n	ne how you heard abou	t my practice: _			
If you were	referred by someone, n	nay I call to than	k them? Yes No		

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