

# SUSAN D. BERLIN, LICSW, CASAC

PSYCHOTHERAPIST, HIGH-TOUCH EXECUTIVE COACH & CONSULTANT

## PSYCHOTHERAPY CONFIDENTIAL CLIENT INFORMATION

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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