**Basic Background Information** Date

Referred by

Phone no. e-mail

**Name**  Birth date

**Name** (of child-if client) Birth date

Address City  Zip

Phone: HomeWork

E-mail Occupation

Employer Position

Education (grade completed)Marital status

**Name**: spouse/significant other

Occupation

Family physician Phone no.

AddressZip

Emergency contact(s)Phone no.

Emergency contacts Phone no.

 **Others in Houshold Age Others in Houshold Age**

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●Reason(s) for coming here now

●Where have you been before for help? Dates?

●Please add any other significant information that you think should be included