

NATALIE SMITH, PSY.D.

Welcome!

Please provide the following information:

Client Name _____ Date: _____

Address _____

City/State/Zip _____

Soc Sec # _____ Date of Birth: _____

Relationship Status: Married/Partnered __ Divorced__ Single_ Separated __ Widowed __

Phone # so that I can reach you: _____ OK to leave message? _____

Email _____ May I have permission to email? _____

Employer or School _____ Occupation: _____

Education (List highest level of education attained): _____

Primary Physician: _____ Phone: _____

List any significant health problems: _____

List any medications you are taking and dosage: (OK to bring a list) _____

Have you seen a therapist before? Yes ___ No ___ If yes, when and with whom? _____

Who may I thank for referring you? _____

Emergency Contact Information:

Name of Emergency Contact: _____ Relationship to you: _____

Phone: _____

By signing this form you are indicating your consent to me contacting this person in an emergency and when I have been unable to reach you directly or in the case of an emergency for you.

FINANCIALLY RESPONSIBLE PERSON'S INFORMATION:

Name (or "Self") _____ Relationship to client: _____

Employer _____ Date of Birth _____

Address (if different) _____

Insurance Company _____ Social Security # _____

Id # of Membership _____ Group # _____

Insurance Phone Number _____

By signing this form, I have agreed to all the above information

Client's Signature

Date