CLIENT INFORMATION SHEET

To be completed by the client or their parent/guardian, unless noted otherwise.

Today's Date: ______________ Provider's Name/Agency: Sandra L. Stultz, LMFT

Client's Insurance Provider/Number (on the card): ______________________________ CA DL/ID #______________

Client's Name: ______________________ ______________________ ______________________

First Name Middle Name Last Name

Client's Other Names: ____

(Examples: Maiden name, different spelling, etc.)

Client's Birth Date: ______________ Birthplace: ______________________________________

City State/Country Zip code

❒Male ❒Female ❒ Other (specify): ______________________ Client's Marital Status: ______________________

Client's Ethnicity: ________________ Client's Mother's Birthplace: ______________________________

City State/Country

Client's Current Address: ____

Street address City Zip code

Client's Home Phone Number: ______________________ Work Phone Number: ______________________

(If client is child, parent/guardian's work number)

Client's Current Employer's or School's Name: ______________________________________

Client's Preferred Language:______________________ Does the client want a translator? ❒ Yes ❒ No

If a family member translates for the client, does the client agree to this plan? ❒ Yes ❒ No

Once you arrive here, do you have trouble walking to the office? ❒ Yes ❒ No

If yes, what can the provider do to help you? ______________________________________

Who else may the provider talk with about your services? Examples: Family, Friend, Other Mental Health Provider, Doctor, Probation Officer, Minister, etc.

Name	Relationship	Phone Number	Gave Release? (Provider) Y/N

How did you hear about this provider? ______________________

Emergency Contact Person:

Name: ______________________________________ **Phone Number:** ________________

Relationship: __________________________________ **Gave Release? (Provider): ❒ Yes ❒ No**

Guardian(s)/Your Signature: ______________________________

If you are not the client, what is your relationship to client?: ______________________