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JANET SESSIONS
Marriage & Family Therapist

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Client Information Form

Information you provide here is protected as confidential information. Please fill out this form and email it back to me before your first session.

Name of Client: ____

Address:____

Mobile Phone: ______________________ Work Phone: ___________________________

Home Phone: ______________ *Please star which phone number is the best to reach you

Is it OK to leave you a message? Yes   No

EMAIL: ________________________________ May I email you?   Yes   No *Please note:

Email correspondence is not considered to be a confidential form of communication.
*It is important to me to maintain your confidentiality. If needed, please list any additional instructions for contacting you.
____

____

Age: ______ Birth Date: ____________ Race/Ethnicity: _____________________

Employed?   Yes   No   Occupation/Profession: __________________________

Relationship Status: Single   Partnered/Married   Separated   Divorced Other

Do you have children? Yes   No

If yes, please list their names and ages:

____

Do you have any current medical conditions? Yes   No

If yes, please describe:

____

Do you have a primary care provider whom you see regularly? Yes No

If yes, please provide the name of your physician: ___________________________________

Are you currently taking any medications, dietary aids, or herbal supplements? Yes   No

If yes, please list the name, amount, purpose, and prescriber of each medication below:

____

____

In case of emergency, please list an emergency contact below:

Name: _______________________________ Phone number: _______________

How did you hear about my practice?

____

Please explain briefly what brought you to therapy and what you are hoping to gain from the experience:

____

____

____

____

____

Insurance information (skip if paying out of pocket):

Insurance Company/Plan name:____

Policy/ID#:____

Group#:____

Policy Holder Information, if different from client:

Name:____ DOB:______________________

Address:____

Phone #:____Relationship to client:__________________

Secondary Insurance information (if applicable):

Insurance Company/Plan name:____

Policy/ID#:____

Group#:____