

Client Information

After completing the client information form, please email it to Jenny Bazán at jennybazan1@gmail.com or bring the form with you to your next appointment.

Date _____

Name* _____ Date of Birth* _____ Age* _____

Sex* M F _____ r Other _____ Relationship Status _____

Occupation _____ Employer _____

Social Security #* _____ Ethnic/Racial Background _____

Address/ City/ State/ Zip* _____

Phone numbers where I can leave a message* _____

Please list who referred you or how you found out about my practice

In case of an emergency:

Name: _____ Relationship: _____

Phone Number(s): _____

Name/ Number of Physician _____

Name/ Number of Psychiatrist _____

Name/ Number of Dietitian _____

Insurance Company _____ Group/Policy Number _____

Names of previous therapist(s) and dates seen:

If any, can you describe past concerns with therapy or treatment? Also, how do you process information best in therapy or counseling i.e. processing verbally, written (homework, journaling, assignments), experientially (role playing, in vivo), or any other style or combination of the above?

Describe any mental health concerns:

Please list current medications, what prescribed for, and who is prescribing MD:

Please describe any past or present suicidal thoughts or behaviors:

Please list the members of your immediate family and significant people in your life

Name	Relationship	Age	Occupation	Deceased?

* Required field