

The Stress Therapist, LLC
New Client Information

Date: _____ Referred by: _____

If you found me on the internet, please indicate which website was helpful to you

Name: _____
(Last) (First) (Middle)

Date of Birth: _____ SSN: _____

Address: _____
(Street)

(City) (State) (Zip)

Phone numbers: _____
(Home) (Work) (Mobile)

**Please check the preferred contact number where I may leave a message*

Email address: _____

Person to call in an emergency: _____
(Name, phone number)

Relationship to you, i.e., husband, sister: _____

Current psychiatrist, therapist or other mental health professional: _____

Medical problems/diagnoses: _____

Current medications (please include dosing, schedule, physician): _____

Any other information that you think would be helpful for me to know today: _____