

J. Nicol Pate, Psychotherapist

CLIENT INFORMATION

Client Name _____ Date: _____

Date of Birth _____ Age: _____

Phone _____ OK to leave confidential message? _____

Email: _____ OK to send a confidential email? _____

Physical Address

Mailing Address _____

Employer: _____ Position _____

How Referred

Reason for seeking therapy at this time:

Have you ever been to a psychotherapist or psychiatrist before? If so, when, what for and who?

Are you currently taking any medications? If so, please list drug, dosage, frequency, who prescribed and what it's take it for

Emergency contact (name, address, telephone, relationship)
