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(713) 524-9525

Date: _____

Client Information

Name: _____

Address: _____

Cell: _____ Home: _____

Work: _____ Fax: _____

Email: _____ Marital Status: _____

SS: _____ Date of Birth: _____

Formal Education/ Major: _____ Occupation _____

Where do you work? _____ How Long? _____

Live With: _____ How Long? _____

Children: (names, ages) _____

Pets? _____

Prescription Medications: (how much/ how often) _____

Addictions: (drug, alcohol, food, love, sex, spending, gambling, cigarettes, other)

If in recovery, how long? _____

Health Issues: _____

Reason for visit _____

Referred By: _____