



1330 LINCOLN AVENUE
SUITE 310
SAN RAFAEL, CA 94901-2143

CLIENT INFORMATION

Please exclude any information you feel uncomfortable giving. This information will be used according to my Notice of Privacy Practices.

Who may I thank for the referral? _____

Client name _____

Date of birth _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Cell _____ Work _____

For discretion, what should I say in messages I leave for you: _____

Email _____

(Note that unencrypted emails can be intercepted; please be discreet; I will be discreet also.)

MEDICAL INFORMATION:

Primary care doctor or clinic _____

Phone _____

Psychiatrist _____

Phone _____

EMERGENCY INFORMATION:

Client's driver's license _____

Contact name _____

Relationship _____ phone _____

Contact name _____

Relationship _____ phone _____