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Individual Psychotherapy and Family Counseling
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Marriottsville, MD 21104

Client Information Form

Today's date: _____

Patient's Name: _____ Date of birth: _____

Home street address: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Who lives with you? _____

Phone (Land): _____ (Cell): _____

Email: _____ Is texting okay? _____

In an emergency if I need to reach someone close to you, who should I call?

Name: _____ Relationship _____ Phone _____

Calls or e-mail will be discreet, but please indicate any restrictions: _____

Social Security #: _____

Insurance Company & ID Number _____

How did you find out about me or who referred you?

Name: _____ Friend or Relative _____

Where do you get your medical care? Clinic/doctor's name: _____

Address: _____ Phone: _____

Do I have your permission to talk with your medical doctor so that we can coordinate your treatment? Yes No

Current Medications: _____

Ethnicity, national origin, race or other way **you** identify yourself and consider important: _____

Religious background: Protestant Catholic Jewish Islamic Buddhist Other _____

How important are spiritual concerns in your life? _____

Have you had psychotherapy in the past? _____ If yes, when? _____ How long? _____

What issue(s) would you like help with?

Your current employer _____ Address _____

Can I contact you at work? _____ If yes, phone number _____

Your Education (show year):

High School Grad _____ Bachelor's Degree _____ Graduate Degree _____

Employment and Military Service	Name of Employer	Job Title	Reason for Leaving
Date from/to			

Marital/partner relationship history

Dates	Partner's name/age	Status of Relationship
Current		
Prior		

Children

Name	Age	Gender	School/Occupation	Problems?

Family-of-origin

Relative	Name	Living/ Deceased	Current age (or age at death)	Education	Occupation
Father					
Mother					
Brothers					
Sisters					
Stepparents					

Other Important Relationships _____

Other information that you think I should know?

This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law.