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New Client Information

Client Name: _____ Date: _____

Date of Birth: _____ Age: _____

Address: _____

Phone: (H) _____ (Cell) _____

email (optional): _____

Is it alright to leave a message (please circle)? Y N

If yes, which number would you prefer to be used? _____

If no, how would like to be contacted? _____

Emergency Contact: (Name) _____ (Relationship) _____

Phone: (Day) _____ (Eve) _____

Occupation: _____ Marital Status (please circle):

Single Living Together Married Separated Divorced Widowed

Children (names and ages): _____

Others living in the home: _____

Presenting Problem: Please describe the main reason you are seeking treatment and approximately when the problem began: _____

Was there an event that triggered the problem? Y N

If yes, please describe: _____

