

Confidential Client Information

Today's Date: _____

PLEASE PRINT

Name: _____ **Age:** _____ **Date of Birth:** _____

Address: _____

City: _____ **Zip Code:** _____

Phone: (Cell): _____ (Home): _____ (Work): _____

Email: _____

What is your preferred mode of contact? _____

Employer name and address: _____

Job title: _____

Highest level of education completed: _____

Marital Status: _____ Name of Spouse/Partner: _____

Children: Yes No If yes, please tell me their genders and ages: _____

With whom do you live?: _____

How were you referred to my practice? _____

May I notify this person that you have contacted me? Yes No

If yes, please provide me with their contact information: _____

Insight to Action LLC

Tanisha M. Ranger, PsyD, CSAT

Augusta Park Complex | 1481 W. Warm Springs Rd, Suite 132 | Henderson, NV 89014

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Confidential Client Information

Regular Physician (Name & Phone): _____

Will you sign a Release of Information should a conversation/consultation become necessary? Yes No

Approximate date of last physical exam: _____ Outcome: _____

Are there any physical health concerns of which I should be aware? Yes No

If yes, Please list them: _____

Are you currently on any medications? Yes No

If yes, please list names, dosages and frequency and indication:

Emergency contact

Name: _____

Phone: _____ Email: _____

Relationship: _____

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Reason you are seeking therapy at this time: _____

Have you had therapy before? Yes No

If yes, with whom and for how long?

Are you willing to sign a release for me to contact this person (these persons)? Yes No

What are your personal strengths? _____

Anything else relevant that you want me to know up front? _____

Thank you!

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