

Janet W. Howard, M.A.
1700 Ygnacio Valley Road, Suite 200
Walnut Creek, CA 94598
And
4283 Piedmont Avenue, Suite A-3
Oakland, CA 94611
Phone (925) 945-2486 Fax (925) 935-4777

Client Information Form

Date _____

Personal Information

Name _____ Street Address _____

City _____ Zip _____ DOB _____ Age _____ SSN _____

Place of Birth _____ Sex M ___ F ___ Occupation/Profession _____ Education _____
(Highest level)

Phone(s): Please list your phone numbers and circle next to the number(s) where you prefer to be contacted and whether a message may be left at this number.

Home (____) _____ Cell(____) _____ Work (____) _____
Yes/No Yes/No Yes/No

E-mail address _____

Relationship and Family Information

Current Marital Status: Single ___ Married ___ Separated ___ Divorced ___ How Long? _____

Spouse/Partner: Name _____ Occupation _____ Education _____
(Highest level)

Prior Marriage(s) _____ Children (Names, Sex, and DOB(s)) _____

Who is currently living in Your Household? (Names, Ages & Relationship to you) _____

Psychotherapeutic History

Current Psychotherapy(s): Individual ___ Couple ___ Group ___ Family ___ Therapist(s) _____

Prior Psychotheapy _____

Hospitalization(s)? Dates & Lengths of Stay _____
This Request for Psychotherapy: Individual _____ Couple _____

What brings you to therapy at this time?

Referred by _____ Phone _____

Medical and Insurance Information

Current Health Status: Excellent ___ Very Good ___ Fair ___ Poor ___ Very Poor ___

Are you taking medication? Y ___ N ___ Names and Dosage(s) _____

Health Problem(s) _____

Physical Restrictions? _____

Primary Care Physician _____ Phone _____

Psychiatrist _____ Phone _____

Do You Have Mental Health Insurance Coverage? Y ___ N ___

If Yes, Name of Insured _____ DOB _____ SSN _____

Employer _____ Primary Insurance Co. _____

Mailing Address: _____ City _____ State _____ Zip _____

Phone with Area Code & Extension _____ Fax _____

Insurance Plan _____ Member ID _____ Insurance Group _____

Person to Contact in an Emergency:

Name: _____ Address: _____

Phones: Home _____ Work _____ Cell _____

Additional Information

Please state in brief your reasons for seeking psychotherapy at this time. Include any personal or family history you feel might be helpful to your therapist. Use the back if you need more space.