

client information-individual

dan metevier, psy.d.

First Name: _____ Last Name: _____

Street Address: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____

What you like to be called (for example, "Dan"): _____

Contact	Number / email address	OK to call?	OK to leave message?*
Home:			
Work:			
Mobile:			
Other:			
Email:			Default for appointment reminder

* Any message would be regarding administrative matters such as scheduling, payment, etc. and would not be about therapy that we discuss in person. **If a method other than email should be used for appointment reminders, please note that here.** _____

How would you like to receive your monthly statement of sessions and payments?

- () In person at my next appointment
() By mail at the address above
() By mail at this separate address: Street Address: _____
City: _____ State: _____ Zip: _____

How did you find me?

- () Referral from: _____
() Internet (where?): _____
() Other (please specify): _____

Occupation: _____ Employer: _____

Name of primary physician (if any): _____

Current medical problems (of any type): _____

Name of psychiatrist (if any): _____

All current medications (of any type): _____

Name(s) of previous therapists (if any): _____

(Continue on back)

What are the main concerns that bring you here today (in your own words)? _____
