

# client information-couples

(each person completes their own form)

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): \_\_\_\_\_  
\_\_\_\_\_