

# ADAM KLEIN, PH.D.

LICENSED PSYCHOLOGIST

## CLIENT INFORMATION WORKSHEET

Today's Date: \_\_\_\_\_

### PERSONAL INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Telephone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_

Marital Status (circle one)    Single    Married    (Date \_\_\_\_\_ )  
Divorced    Widowed    Separated    (For how long? \_\_\_\_\_ )

### FAMILY INFORMATION

Who lives with you full-time or part-time?

	Name	Relationship	DOB	Education	Occupation	Living w/ you
1.						
2.						
3.						
4.						
5.						

### MEDICAL INFORMATION

Personal Physician: \_\_\_\_\_ Last Physical: \_\_\_\_\_

Major Illness(es): \_\_\_\_\_

Have you ever been in therapy before?    Yes    No

If yes, how long did you work in therapy? \_\_\_\_\_

Are you interested in joining a therapy group if an opening becomes available?    Yes    No    Maybe