

LICENSED CLINICAL PSYCHOLOGIST
PSY 30350
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MARIN OFFICE:
412 RED HILL AVE, STE 5
SAN ANSELMO, CA 94960

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2991 SHATTUCK AVE, STE 303
BERKELEY, CA 94705

Confidential Client Information

1. Name: _____ Date: _____
DOB: _____ Age: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Primary Phone number: _____ Alternate phone number: _____
Email: _____ Preferred method of contact: _____

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DOB: _____ Age: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Primary Phone number: _____ Alternate phone number: _____
Email: _____ Preferred method of contact: _____

3. Please list parts of your identity you feel may be relevant and/or important (e.g. gender, ethnicity, relationship status, sexual orientation, education, parental status, occupation, etc.):

4. Reason for seeking therapy at this time:

5. What important background information should I know to understand you and your current situation?

6. Are there any significant childhood, medical, disability, trauma, or other life experiences/events that I should be aware of?

7. Who do you currently feel close to and connected with? List any positive or supportive relationships you have:

8. What are some of your (or your child's) strengths:

9. Is there anything else that is important for me to know?