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Personal Information

Date:

Name:

Date of Birth:

Address:

Phone:

Email:

Emergency Contact:

Name:

Address:

Phone:

Email:

Relationship to You:

I have completed the preceding questionnaire and understand that the information contained herein is confidential.

I agree to let my therapist know at the next session following any changes in this information.

Client's Printed Name

Client's or Responsible Party's Signature

Date

If signed by Responsible Party, please state relationship to client and authority to consent.