

Please complete the following so that we may update our files for _____ :

Client Name: _____ Today's Date: _____

Birth Date: _____ Social Security Number: _____

Address: _____

City, State: _____ Zip: _____

Phone numbers: Home: (____) _____ Cell: (____) _____ Work: (____) _____

Email: _____

Marital/Relationship Status: _____ Significant Other's Name: _____ how long: _____

If Client is under 18, please complete the following section:

Client's School: _____ Grade: _____ Teacher: _____

Parent/Legal Guardian's Name(s):

Name: _____ Birth Date: _____ SSN: _____

Custody Status/Relationship to Client: _____

Address: _____ City, State: _____ Zip: _____

Phone numbers: Home: (____) _____ Cell: (____) _____ Work: (____) _____

Email: _____

Marital/Relationship Status: _____ Significant Other's Name: _____

Please complete the following with regard to any children (including adult & stepchildren):

Name	Age	DOB	Gender	Location

Who else lives with you & what is their relationship? _____

Emergency Contact: Name: _____ Phone: (____) _____ Relationship: _____

Who referred you to Chad Smith, M.A., LMFT? _____

Please either save the forms to your computer and email them to isitherapy@gmail.com & sarahisitherapy@gmail.com or print the forms & bring them to your next appointment.