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Client Information Form

Today's date: _____

Note: If you have been a client here before, please fill in only the information that has changed.

A. Identification

Your name: _____

Date of birth: _____ Age: _____

Nicknames or aliases: _____

Home street address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Home/evening phone: _____

e-mail: _____

Cellular phone: _____

Business phone: _____

Calls or e-mail will be discreet, but please indicate any restrictions:

B. Referral:

Who gave you my name to call?

Name: _____

Phone: _____

Address: _____

May I have your permission to thank this person for the referral? Yes No

C. Religious and racial/ethnic identification (Optional)

Current religious denomination/affiliation Protestant Catholic Jewish Islamic Buddhist
 Hindu

Other (specify): _____

Involvement: None Some/irregular Active

How important are spiritual concerns/spirituality in your life?

Ethnicity/national origin: _____ Race: _____ or

other similar way you identify yourself and consider important: _____

D. Your medical care:

Are you currently under treatment for any medical condition? Yes No

If yes, please specify:

From whom or where do you get your medical care?

Clinic/doctor's name: _____

Phone: _____

Address: _____

Current prescription medications:

Previous prescription medications:

Recent hospitalizations or surgical treatment: Yes No

If yes, please specify:

E. Previous Counseling:

Have you previously received any type of psychological/mental health/counseling services?

Yes No

From whom or where did you receive services?

Therapist's name and dates of service (mm/yy - mm/yy):

Therapist's name and dates of service (mm/yy - mm/yy):

Therapist's name and dates of service (mm/yy - mm/yy):

Contact information for most recent therapist:

Phone: _____

Address: _____

F. Your current employer

Employer: _____

Address: _____

What type of work do you do?

G. Emergency information

If some kind of emergency arises and we cannot reach you directly, or we need to reach someone close to you, whom should we call?

Name: _____ Phone: _____

Relationship: _____

Address: _____

This is a strictly confidential patient medical record. Rediscovery or transfer is expressly prohibited by law.