



SUSAN HYATT-BIRNHOLZ
MARRIAGE AND FAMILY THERAPIST

(615) 905-6094

Confidential Client Information

Name: _____	<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed
Date of Birth: ____/____/____	<input type="checkbox"/> Student <input type="checkbox"/> Retired
Address: _____	Employer: _____
City: _____ Zip: _____	Work Address: _____
Cell # _____ Home # _____	City: _____ Zip: _____
Other # _____	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced
Email _____	Emergency Contact Name: _____ (List someone other than partner if coming for couples therapy)
Where may I leave a confidential message? (Check all that apply)	Emergency Contact Phone: _____
<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> E-Mail <input type="checkbox"/> Other	Relationship to client: _____

Primary Care Physician: _____ **Phone:** _____

Psychiatrist: _____ **Phone:** _____

Please list any medical problems: _____

Please list current medications: _____

Who referred you? _____ **May I thank them for the referral?** **Yes** **No**

Are you required by a court of law to receive counseling as part of a legal proceeding? **Yes** **No**