



**Jamie Chin, M.A., MFTI**

1380 Lead Hill Blvd., Suite 160 • Roseville, CA 95661 • www.therapywithjamie.com • 916-622-3996

Supervised by Michael Daves, LMFT#44904 • www.michaeldavesmft.com • 916-871-8804

## Client Information Sheet

Date \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Home address \_\_\_\_\_

Home phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Alt # \_\_\_\_\_

Gender: Male Female Highest level of Education completed \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Religion or spiritual faith (optional) \_\_\_\_\_

Spouse/Partner's Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Home address \_\_\_\_\_

Home phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Alt # \_\_\_\_\_

Gender: Male Female Highest level of Education completed \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Religion or spiritual faith (optional) \_\_\_\_\_

*Please place an asterisk (\*) next to all numbers at which I may leave a message.*

Individual/Family Monthly Combined Net Income \_\_\_\_\_

Gross Annual Income: (circle one)

\$10-19,999 20-35,999 36-49,999 50-75,999 100-125,000 125,000+

### Children

Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Live with you

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Have you been in therapy/counseling before? (circle one) Yes No**

### Current Medications

Name of medication \_\_\_\_\_ Dosage \_\_\_\_\_ Reason \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Briefly describe your need for counseling now:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*This is a strictly confidential client medical record. Redisclosure or transfer is expressly prohibited by law.*