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## Client Information

Please provide the following information and answer the questions below. Please bring this form to your first session. Please note: The information you provide here is protected and confidential information.

Client's Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Gender: Male \_\_\_ Female \_\_\_ Identify As: \_\_\_\_\_ Age: \_\_\_ Date of Birth: \_\_\_\_\_

SS#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Where would you rather I call you to remind you of your appointment:

Can I leave messages on voicemail or with someone? Yes \_\_\_ NO \_\_\_

Can I send mail correspondence to your mailing address? Yes \_\_\_ No \_\_\_

Please provide your email address for correspondence/billing purposes:

\_\_\_\_\_

How were you referred to my practice? \_\_\_\_\_

Client's employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Marital Status: (Circle One)

Married Separated Divorced Never Married Widowed Domestic Partnership

Full Name of Partner: \_\_\_\_\_

Person(s) you are currently living with: \_\_\_\_\_

### Emergency Contact:

Full name: \_\_\_\_\_

Relationship to client: \_\_\_\_\_ Phone #: \_\_\_\_\_