Janice Brown-Silveira, M.A. LLC
Licensed Marriage and Family Therapist
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Phone: (775) 771-3866

Client Information Form

Today's Date____________________

Identification

Your Name_______________________ Date of Birth__________________________

Home Street Address____

City________________________________ State_______ Zip_________________

Home/Evening phone______________________________

Cell phone____________________________

Where would you like to be contacted? Home Cell Other__________

Calls will be discreet, but please indicate any restrictions ____

Please list the names and ages of your immediate family members including spouses or significant others.

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Goals and Changes you would like to address (behaviors, emotional functioning, thinking, Health)

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<u>Medical care</u> From whom do you obtain medical care?

Doctor's Name__________________________________ Phone____________________________

Address____

Are there any specialists you are seeing? Yes No

Doctor's Name__________________________________ Phone____________________________

Doctor's Name__________________________________ Phone_____________________________

May I contact your doctor so that we may coordinate our treatment? Yes No

Please list any medical conditions you have or have had in the past

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Please list any injuries you have sustained and when they occurred

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Please list any medications you are taking, who is prescribing them, and in what dosage they are to be taken

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Is there any history of physical or mental illness in your family? Yes No

If "Yes", please explain

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School Highest grade/degree completed__________________ Where____

Major/area of study____

What interests, subjects/degree are you currently pursuing or would like to study?

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Employment

Occupation ____

Name of place of business ____

How long have you worked there? ____

Legal

Are you currently involved in any legal proceedings? Yes No

If "yes" please explain

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Previous treatment

Have you received any previous mental health treatment or counseling? Yes No

If "Yes" please list type of treatment, what it was for, and your age at the time

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Emergency information

If an emergency arises, whom should I contact?

Name____ Phone______________________

Address____