CLIENT INFORMATION

Date: ____________

Name: ______________________________ D.O.B.: __________Age: _____

Address:____

Phone:_________________________(OK to leave a message? *Y__ N__)*
Email: _________________________(OK to leave a message? *Y__ N__)*

Emergency Phone #:_________________
Contact Name:______________________ Relationship:__________

Medical Doctor's Name: ______________________________
Phone:_________________________

Medications (including over-the-counter meds) :
____

Health Issues / Allergies:
____

Substance Use/ Alcohol/ Cigarettes:
____

Please describe your life in one sentence:
____

Yukiko K. Hartman, MS, LMHC, LPCC
Licensed Mental Health Counselor LH60182354
Licensed Professional Clinical Counselor 3885
4079 Governor Dr #3002 San Diego,
CA 92122 (206) 715-0291