



315 W Liberty, Medina, OH 44256  
330-304-9736

Today's Date \_\_\_\_\_ Referral Source \_\_\_\_\_

Client's Name \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Is it OK to leave a message on your phone? Yes No Email? Yes No

Marital Status: Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widowed \_\_\_

Employer \_\_\_\_\_

Person to contact in case of emergency \_\_\_\_\_ Phone \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Spouse's Employer \_\_\_\_\_

\_\_\_\_\_  
If you are a student, which school attending? \_\_\_\_\_

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Responsible Party (If different from client)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship to client \_\_\_\_\_ SS# \_\_\_\_\_

Employer \_\_\_\_\_

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Primary Care Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Recent Physical Problems \_\_\_\_\_

Medications/Dosages \_\_\_\_\_

Recent emotional stressors \_\_\_\_\_

May I share information with your medical doctor for coordination of care? Yes No