

**Catherine A. Curtin, Ph.D.**  
**Alliance Community Counseling Center**  
**1040 Lincoln Ave.**  
**San Jose, CA 95125**  
**(408) 425-0122**

**CLIENT INFORMATION FORM**

**Please Note: Information you provide here is protected as confidential information.**  
Please print out, complete this form and bring it to your first appointment.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Message OK? Y/N

\_\_\_\_\_ Cell Phone: \_\_\_\_\_ Message OK? Y/N

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Message OK? Y/N

Referred by: \_\_\_\_\_

Emergency contact (please print name): \_\_\_\_\_ Phone: \_\_\_\_\_

**If Patient is Under 18 years of Age, Please Include:**

Mother: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell or Work Phone: \_\_\_\_\_

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

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

Father: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell or Work Phone: \_\_\_\_\_

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

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

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**Person Responsible for Payment:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell or Work Phone: \_\_\_\_\_

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

Persons Living in the Home with the Client:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

### **Medical Information**

Names of medications, for what purpose, dosage, date began and prescribed by: \_\_\_\_\_

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Please list any current health problems being experienced: \_\_\_\_\_

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### **Concerns**

What are the main reasons you are seeking psychotherapy now? \_\_\_\_\_

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What significant life changes or stressful events have you experienced recently? \_\_\_\_\_

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What would you like to accomplish during your time in therapy? \_\_\_\_\_

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