

Lisa Judge, Ph.D., LCSW, Psychotherapist
Confidential Client Information Form

Name: _____ Home Phone: _____
Address: _____ Work Phone: _____
_____ Zip _____ Today's Date: _____

- Who may I contact in case of an emergency?
Name: _____
Phone: _____
Relationship: _____

- Were you referred and if so by whom?

- Please explain briefly what brings you to therapy now.

- What are your **goals** in seeking therapy?

- Do you have any suicidal thoughts and/or feelings now or have you had any in the past?

- Please check items that are current concerns in your life.

Abortion	_____	Legal Matters	_____
Anger	_____	Loneliness	_____
Anxiety	_____	Loss/Grief	_____
Battering	_____	Parenting	_____
Childhood Abuse	_____	Physical Complaints	_____
Crisis	_____	Rape	_____
Depression	_____	Relationship	_____
Divorce/Separation	_____	Sexual Abuse	_____
Drugs/Alcohol	_____	Sexuality/Gender	_____
Eating prob.	_____	Suicidal Thoughts	_____
Employment	_____	Referral	_____
Financial	_____	Violence	_____
Other:	_____		

- Is there anything else you want me to know about you and your situation?
