

Client Information

Client Name	_____	Marital Status	_____
Address	_____	Employer	_____
City, State, Zip	_____	Grade Completed	_____
Home Phone	_____	Work Phone	_____
Cell Phone	_____	Email Address	_____
Date of Birth	_____	Age:	_____
Social Security #	_____	Emergency Contact	_____
Referred By	_____	Contact's Phone	_____
Responsible Party	_____	Primary Physician	_____
Street Address	_____	Relationship	_____
Home Phone	_____	City, State, Zip	_____
		Work/Cell Phone	_____

List other individuals living in your home: Name, Age, and Relationship: _____

List the name of all medications taken regularly and explain why you take them: _____

Describe any significant health problems you have at this time: _____

Describe any prior psychotherapy treatment and hospitalizations for psychological reasons: _____

Describe your reason(s) for seeking assistance at this time: _____

List any other information that you believe would be important for me to know (use back side for additional room). _____

Person Completing Form and Today's Date: _____

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