Debbie G. Schwartz, LICSW
592A Washington Street
Wellesley, MA 02482-6417
(508)783-2661
debbie@schwartzlicsw.com

CLIENT INFORMATION SHEET

Name: (Last) ________________________________ (First)____________________(M.I.) __________

Home Phone ______________________ May I leave a message at this number? Yes No

Cell Phone ______________________ May I leave a message at this number? Yes No

Work Phone _______________________ May I leave a message at this number? Yes No

Email: ______________________________________ May I email you? Yes No

Home Address:

Street and Number: ____

City: ______________________________ State: ___________ Zip:_____________

Date of Birth: __________ Age: _______ Gender: _____________

Legal status: (please circle) *Single* *Married* *Divorced* *Widowed*

Emergency Contact: ___________________________________ Phone: ________________________

Relationship to patient:________________________

Primary Care Physician: _____________________________Phone Number: ____________________

Psychiatrist: ____Phone Number: ____________________

Medications: ____

Major Medical Conditions: ____

Person responsible for payment (if not above)

Name:_______________________________________ Phone: _____________________________

Address: ____

Client Signature: ____________________________________ Date: _____________________________