

From the Office of  
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Office Park Circle Suite 304  
Birmingham, Alabama 35223

## Client Information Form

Client Name \_\_\_\_\_ Date of Visit \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Permission to call? \_\_\_\_\_ Leave Message? \_\_\_\_\_

Work Telephone \_\_\_\_\_ Permission to call? \_\_\_\_\_ Leave Message? \_\_\_\_\_

Cell Telephone \_\_\_\_\_ Permission to call? \_\_\_\_\_ Text? \_\_\_\_\_ Leave Message? \_\_\_\_\_

Email Address \_\_\_\_\_ Referred by \_\_\_\_\_

Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_ Social Security

# \_\_\_\_\_

Insurance # \_\_\_\_\_ Name of Insured \_\_\_\_\_ Date of Birth \_\_\_\_\_

Employed by \_\_\_\_\_ Position \_\_\_\_\_

Name of  
Partner \_\_\_\_\_

Employed by \_\_\_\_\_ Position \_\_\_\_\_

Name and Ages of Children and others in your household

Primary Care Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Telephone \_\_\_\_\_

Current Medications \_\_\_\_\_

Previous Counseling History: (therapist, dates, problem, outcome)

What concerns bring you here today?

What would you like to happen as a result of coming here?