

Client Information

Please complete all items on this form. In practice, we have found that each item has importance and will be useful to help provide the best quality of service to you. Please print or write legibly. Thank you.

Last Name of Client	First Name	Middle Name	(Preferred Nickname)	
Home Address (Please no P.O. Boxes)	City	Zip	Home Phone	Cell Phone
Employer/School	Occupation or School Grade		Monthly Income	
Degree or Education completed		Business or school phone number		
Business or School Address	City	State	Zip	
Date of Birth	Age	Social Security Number		
Marital Status:	<input type="checkbox"/> Never Married	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Living Situation:	<input type="checkbox"/> Alone	<input type="checkbox"/> Spouse/Partner	<input type="checkbox"/> Child(ren)	<input type="checkbox"/> Parent(s) <input type="checkbox"/> Roommate(s)
Children living at Home, including names, gender, and ages				
Name of Spouse/Partner or Parent(s)				
Employer	Occupation	Degree/Education completed	Monthly Income	
Business Address	City	State	Zip	
Date of Birth	Age	Social Security Number		
Whom may we thank for referring you?		Address	Phone Number	
Whom may we contact in an emergency?		Relationship to you	Phone Number	
Name of Primary Physician	Address	Phone Number	Date of Last Visit	
List other professionals currently treating you and for what conditions				
List any current physical or medical problems or conditions, accidents, hospitalizations, allergies and all prescriptions.				

Ruthanne Iliff M.A., MFT
4419 Van Nuys Blvd., Suite 202
Sherman Oaks, CA 91403
Lic. #MFC 43707

Describe current and past usage of alcohol and recreational drugs.
If you have sought psychological services before list when, why, with whom and for how long?
Briefly state why you seek therapy now.
For a minor client, name of person who is legally responsible for care and physical custody.

The above information is correct to the best of my knowledge. I will notify you of any changes in this information.

Signature of Person completing this form Printed Name Relationship to Client Date

Signature of Parent /Guardian (if client is a minor) Printed Name Date

Signature of Parent /Guardian (if client is a minor) Printed Name Date