

Client Information Form

Amy Collins Therapy • Amy Collins, LMFT
2002 Atwood Ave • Suite 202
Madison, WI 53704

Name _____ Date of Birth _____

Address _____

Email address _____ Can I email you? ___ Yes ___ No

Home Telephone _____ Can I call you there? ___ Yes ___ No

Can I leave a message? ___ Yes ___ No

Work Telephone _____ Can I call you there? ___ Yes ___ No Can I leave a message? ___ Yes ___ No

Cell Number _____ Can I call you there? ___ Yes ___ No Can I leave a message? ___ Yes ___ No

Referral Source: _____

What are your preferred pronouns?

What concerns bring you to see me?

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

What have you tried on your own to change this issue (s)?

Have you been to see other psychotherapists? If so, what worked successfully during the time you were with them?

Are you presently seeing any doctors? If so, please list.

Are you presently taking any medications? If so, please list.

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