

Client Information Form
Amy Collins, LMFT
Amy Collins Therapy
111 S. First St. • Suite 105
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 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? Yes/No 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.

