



# Parke Burgess

Psychotherapist

## CLIENT INFORMATION FORM

I/we are seeking  couple therapy  
 individual therapy

Name: \_\_\_\_\_  
*(if a couple, please list both names)*

Date of Birth: \_\_\_\_\_  
*(if a couple, please list both in same order as names, above)*

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing Address 2 *(if any)*: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary/Partner 1 Phone Number:  home \_\_\_\_\_  
*check all that apply*  work  
 cell

May Parke Burgess leave detailed messages on voicemail at this number?  Yes  
 No

Partner 2 Phone Number: *if couple*  home \_\_\_\_\_  
*check all that apply*  work  
 cell

May Parke Burgess leave detailed messages on voicemail at this number?  Yes  
 No

Primary Email: *check all that apply*  personal \_\_\_\_\_  
 work

May Parke Burgess leave detailed messages at this address?  Yes  
 No

Partner 2 Email: *if couple*  personal \_\_\_\_\_  
*check all that apply*  work

May Parke Burgess leave detailed messages at this address?  Yes  
 No

Client Information Form (continued)

*(couples should fill out two separate versions of this page, one for each partner)*

Name: \_\_\_\_\_

Name of your Primary Care Provider: \_\_\_\_\_

PCP Phone Number \_\_\_\_\_

May Parke Burgess contact this person to share only strictly necessary information to coordinate your care?  Yes  No

Name of your psychiatrist or other medication prescriber *(if any)*: \_\_\_\_\_

Prescriber Phone Number \_\_\_\_\_

May Parke Burgess contact this person to share only strictly necessary information to coordinate your care?  Yes  No

Name of An Emergency Contact: \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

May Parke Burgess contact this person to share only strictly necessary information to coordinate your care?  Yes  No

Please list all current medical issues you are aware of and any major past issues (e.g., cancer, heart disease, etc.):

Please list all psychoactive medications you are currently taking (including dosage), or have taken in the past:

Client Signature \_\_\_\_\_ Date: \_\_\_\_\_