



Client Information Sheet

Client's Name: _____
Date: _____

Name of Guardian (if
Minor): _____

Street Address:

City: _____ State: _____
Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Please do not call me at home. Please do not call me at work.

Mobile Phone: (_____) _____
Email Address: _____

Client's Birth Date: _____
Client's SSN: _____

Other people living in Client's household:

Name: Birth Date: Relationship:

Client's Marital Status: Single Married Separated/Divorced (Single)

Divorced (Remarried) Widowed Other _____

I have received a copy of the Disclosure Form. YES NO

Have you ever been in therapy before? If yes, who did you see and when were you seen?

Have you ever taken any medications on a regular basis? If yes, please list medications and doses.

Who referred you to this office?

Name: _____

Darilyn Bixenman, MA, LPC, NCC.

Licensed Counseling Psychologist (303) 819.8320

5860 South Curtice Street Littleton, Colorado 80120

Client Signature

Date _____

