

Eric Groh, LPC

Client Information:

Personal Information:

Name: _____ Date: _____
(First) (Middle) (Last)

Birthdate: ____/____/____ Age: _____ Social Security # _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Employer Name: _____

City: _____ State: _____ Marital Status: S M W D Sep

Work Phone: _____ May we contact you at work? Yes No

Family Information:

Spouse/Partner Name: _____ Employer: _____

Child Name: _____ Age: _____ Date of Birth: _____

Child Name: _____ Age: _____ Date of Birth: _____

Child Name: _____ Age: _____ Date of Birth: _____

Child Name: _____ Age: _____ Date of Birth: _____

How did you hear about us? _____

What is the reason for your visit with us today? _____

Emergency Contact Information:

Nearest relative not living with you, whom we may contact in case of emergency:

Name: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____