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Client Information Form 1

Today's date: _____

Your name: _____ Date of birth: _____ Age: _____

How do you prefer to be addressed? Nicknames: _____

Home street address: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Home/evening phone: _____ Cell phone (or best number to call): _____

Calls will be discreet, but please indicate any restrictions: _____

Please provide your email address: _____

Referral: Who gave you my name to call?

Name: _____ Phone: _____

Address: _____

May I have your permission to thank this person for the referral? • Yes • No

Please explain how I might be of help to you: _____

Your medical care: From whom or where do you get your medical care?

Clinic/doctor's name: _____ Phone: _____

Address: _____

If you enter treatment with me for psychological concerns, may I tell your medical doctor so that he or she can be fully informed and we can coordinate your treatment? • Yes • No

Please list any medications you are currently prescribed, including the dosage, purpose, and the names of prescribing physicians:

Your current employer:

Employer: _____ Your title or position _____

Work Address: _____:

Work phone: _____ Calls will be discreet, but please indicate any restrictions: _____

Your education and training:

Dates		Schools	Major/ Special Classes?	Adjustment to school	Did you graduate?
From	To				
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Employment and military experiences (starting with most recent):

Dates		Name of military or employers	Job title or duties	Reason for leaving
From	To			
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Family-of-origin history:

Relative	Name	Current age (or age at death)	Illness (or cause of death, if deceased)	Education	Occupation
Father	_____	_____	_____	_____	_____
Mother	_____	_____	_____	_____	_____
Stepparent(s)	_____	_____	_____	_____	_____
Brothers	_____	_____	_____	_____	_____
Sisters	_____	_____	_____	_____	_____

Marital or other significant relationship history:

Spouse/other's name	Spouse's age at start/marriage	Your age at start/marriage	Your age when ended/divorced/widowed	Is spouse/other remarried?
Current	_____	_____	_____	_____
Previous	_____	_____	_____	_____

Children (Indicate if any are from a previous marriage or relationship with the letter P in the last column)

Name	Current age	Gender	School	Grade	Adjustment problems?	P?
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Please list below any other information you would like to share that you think might be helpful for me to know:
