



“Providing Proven Strategies For Successful Living”

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Website: <http://www.basicscounseling.com>

DEMOGRAPHIC INFORMATION

Referral Source: _____

Client’s Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # (Main): _____ (Cell): _____

DOB: ___/___/___ Age: _____ Email: _____

INS#: _____ Race/Eth. _____

Parent/Guardian (if applicable): _____

Address (if different): _____

City: _____ State: _____ Zip: _____

Emergency Contact: _____ Phone#: _____

Name of PCP: _____ Phone#: _____

Name of Case Manager: _____ Phone#: _____

Name of Psychiatrist: _____ Phone#: _____

List of Medication(s) (if any): _____

Name of Previous Therapist: _____ Phone#: _____

Office use only

*Psychological Testing (?): Y _____ N _____ (If yes, a copy would be needed for client’s chart)

Court Order (?): Y _____ N _____ (If yes, a copy would be needed for client’s chart)