



Javier Perez, MSW, ACSW, Ct.MH

Client questionnaire (All information is strictly confidential)

Name: _____

Phone: _____ (H) _____ (W)

Address: _____

City: _____ Zip _____

Married: _____ Single: _____ Divorced: _____ Widowed: _____

Birthdate: ____/____/____ Male: ____ Female: ____

Favorite Color? _____

Occupation: _____

Who referred you? _____

What brings you in today? (State your desired outcome): _____

What other methods have you tried? _____

Primary Physician name and address: _____

Any Psychological or Medical treatment? Medications? _____

Are you currently, or have you previously been involved with Child Protective Service _____

Other pertinent information necessary in achieving your desired outcome? _____

E-Mail Address _____

OK to send updates via E-Mail? YES _____ NO _____

I have provided accurate and true information to the best of my ability

Client's Signature: _____ Date: _____