

**Confidential Client Information Sheet**

**Patient Information**

Name: \_\_\_\_\_ Prefer to be called: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Person to contact in case of emergency \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Would you like to receive our e-newsletter? \_\_\_\_ Y \_\_\_\_ N

Would you like to be contacted by Stacey Rose to be informed about upcoming events and/or relationship tips?

\_\_\_\_ Y \_\_\_\_ N

Who referred you to this office? \_\_\_\_\_ May I send a thank you note? \_\_\_\_\_

**Personal Information**

Are you Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Engaged \_\_\_\_\_ Widowed \_\_\_\_\_ Gay \_\_\_\_\_

If you answered yes to married, divorced, separated or engaged, for how long? \_\_\_\_\_

Do you have children? \_\_\_\_\_ If yes, how many and what ages? \_\_\_\_\_

Are you employed? \_\_\_\_\_ What is your occupation? \_\_\_\_\_

Do you enjoy your work? \_\_\_\_\_ If not, please explain \_\_\_\_\_

Are your parents living or deceased? \_\_\_\_\_ If deceased, when and cause of death

Do you have siblings? \_\_\_\_\_ If so, how many? \_\_\_\_\_ Name and ages of siblings

Do you have a relationship with siblings? \_\_\_\_\_ If not, why?

Is there any addiction in your background? \_\_\_\_\_ If so, please specify what drug, including alcohol, and who had or has the addiction \_\_\_\_\_

Do you drink or use drugs? \_\_\_\_\_ If so, which ones and how often? \_\_\_\_\_

Do you gamble? \_\_\_\_\_ If so, how so and how often? \_\_\_\_\_

Have you ever been hospitalized for psychiatric reasons or ever in a rehab facility? \_\_\_\_\_

If so, when and where? \_\_\_\_\_ For what reason?

Have you ever been in therapy before? \_\_\_\_ If so, when and with whom? \_\_\_\_\_

Was it helpful? \_\_\_\_ Why or why not?

Why are you here today?

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What do you hope to get out of this therapy experience?

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I agree to pay Stacey Rose, PhD, LCSW of the Rose Relationship Learning Center, LLC. of Ocean the fee of \$\_\_\_\_\_ for the initial appointment and \$\_\_\_\_\_ for appointments following unless other arrangements have been made. I am aware that if I need to cancel an appointment, 24 hours notice is required or I will be charged for the time that I reserved with Stacey Rose.

I agree with the above and have read the welcome letter and agree to all policies stated within it

X \_\_\_\_\_ Date \_\_\_\_\_

**I look forward to working with you and helping you get more of what you want from your relationships and your life.**