

Client Information Form

Date: _____ **Note:** If you have been a client here before, please fill in only the information that has changed.

A. Identification

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

Home street address: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Home/evening phone: _____ e-mail: _____

Cell phone: _____

Calls or e-mail will be discreet, but please indicate any restrictions: _____

Is it ok to text the cell number listed above for logistic reasons (scheduling)? _____

B. Referral: How did you hear about Dr. Harel Papikian?

C. Religious and racial/ethnic identification

Current religious denomination/affiliation: Protestant Catholic Jewish Islamic Buddhist Hindu

Other (specify): _____

Involvement: None Some/irregular Active

How important are spiritual concerns in your life? _____

Which (if any) church, synagogue, temple, or meeting are you involved with? _____

Ethnicity/national origin: _____ Race: _____

Or other similar way you identify yourself and consider important: _____

D. Your current employer

Employer: _____ Address: _____

Work phone: _____ or other means of communication _____

Can you be reached at work? Please indicate any restrictions: _____

E. Emergency information

If some kind of emergency arises and we cannot reach you directly, or we need to reach someone close to you, whom should we call?

Name: _____ Phone: _____ Relationship: _____

Address: _____

Significant other/nearest friend or relative not residing with you: _____