

Ellen Sachs Alter, PhD
Licensed Clinical Psychologist

CLIENT INTAKE INFORMATION

Client Name _____

Address _____

Home Phone _____ Cell Ph _____ Work Ph _____

Best Phone to leave a message? _____ Email Address _____

Birth Date _____ Occupation or School Year _____

Guarantor (Person responsible for payment, if different than client)

Name _____

Address _____

Home Phone _____ Cell Ph _____ Work Ph _____

Best Phone to leave a message? _____ Email Address _____

Birth Date _____ Occupation or School Year _____

Social Security Number _____

Emergency Contact

Name _____

Phone Number _____ Relationship _____

Additional Clients, Family Members, Significant Others

Name	Birth Date	Relationship to Client	Occupation/School Year
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1. _____

2. _____

3. _____

4. _____

5. _____

Signature _____ Date _____