

Theodore Mathis, MA, LPC

Arvada, CO - (720) 319-1267

CLIENT INFORMATION:

Date: _____

Name: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone: (mobile) _____ Work phone: _____

Email: _____ Date of Birth: _____

Employer: _____ Occupation: _____

List history of significant health problems: _____

List history of medications and dosage (if known): _____

Name/Phone# of nearest relative other than spouse: _____

FINANCIALLY RESPONSIBLE PERSON'S INFORMATION:

Name: _____ Relationship to Client: _____

Phone (if different from above): _____

Address (if different from above): _____