6511 Stewart Rd, Suite 1C
Galveston, TX 77551

443.398.1700
nina@thespacebetweenpsychotherapy.com

THE SPACE BETWEEN PSYCHOTHERAPY

CLIENT INFORMATION SHEET

Date: _____

First Name | Middle Name | Last Name | Social Security

Address | Date of Birth | Age

City | State | Zip

Emergency Contact/ Responsible Party

First Name | Middle Name | Last Name | Relationship

Address | Phone

City | State | Zip

Contact Information

Mobile Phone _____ May we text your appointment reminders to this number? ❑ Yes ❑ No
Home Phone _____ Are messages ok? ❑ Yes ❑ No
Work Phone _____ Are messages ok? ❑ Yes ❑ No
Email: _____
Preferred contact method ☐ Mobile ☐ Home ☐ Work ☐ Email
How did you hear about us? _____

Employer

Company | Position | Supervisor

Primary Care Physician

Physician Name | Address

City | State | Zip | Phone

Please list any medications you are currently taking _____
Please list any food or drug allergies _____

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ADDITIONAL CLIENT INFORMATION

Race *(check all that apply)*	☐ White ☐ American Indian or Alaskan Native ☐ Black or African American ☐ Asian ☐ Native Hawaiian or Other Pacific Islander
Ethnicity *(check one)*	☐ Hispanic ☐ Non-Hispanic
Are you a hurricane victim?	☐ No ☐ Yes
Marital status *(check one)*	☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed
Living situation *(check one)*	☐ Private Residence ☐ Foster Care ☐ Residential Care ☐ Crisis Residence ☐ Institutional Setting ☐ Jail/ Correctional Facility ☐ Homeless Shelter ☐ Other

Employment status	☐ Full time employed ☐ Part time employed ☐ Full time Student ☐ Part time Student ☐ Unemployed/ Seeking employment ☐ Not seeking employment ☐ Unemployed – Disabled ☐ Retired
Highest level of education completed	
Are you a veteran? ☐ No ☐ Yes If yes, of which war? _____	
Number of arrests within past 30 days?	
What is your primary language? _____	
Do you speak any other language? ☐ No ☐ Yes If so which language?	
Do you have any difficulty hearing?	☐ No ☐ Yes
Do you have any serious difficulty seeing i.e. wearing glasses or contacts?	☐ No ☐ Yes