

# Cathy Goldfarb, Psy. D., LCSW

## Confidential Client Data Form

Date \_\_\_\_\_

Client Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Cell phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address \_\_\_\_\_

Birth date \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Referred By \_\_\_\_\_

Current Medications, dosage and prescribing doctor's name \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever participated in psychotherapy before? \_\_\_\_\_

When? \_\_\_\_\_

How Long \_\_\_\_\_ With Whom? \_\_\_\_\_

Was previous therapy a positive or negative experience? \_\_\_\_\_

Current Goals (please list reasons for therapy at this time)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_