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New Client Information Form

Date: _____

Full Name _____ Name You Prefer _____

Date of Birth _____ Age _____ Email _____

Address _____

Check Preferred Phone

Home (_____) _____ Okay to leave message? Yes / No

Work (_____) _____ Okay to leave message? Yes / No

Cell (_____) _____ Okay to leave message? Yes / No

Emergency Contact _____ Relationship to You _____

Address _____

Phone (_____) _____

Relationship Status: _____ Single _____ Committed Rel. _____ Married _____ Separated _____ Divorced _____ Widowed

Education _____ Occupation _____

Employer _____

Referred by: _____ May I thank them? _____ yes _____ no

Service you are requesting: _____ Individual Therapy _____ Couples Therapy _____ Family Therapy

Please list everyone living in your household and their relationship to you:

<u>Name</u>	<u>Age</u>	<u>Gender</u>	<u>Relationship to You</u>
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Please briefly describe concerns or problems that bring you to therapy at this time:

