

CLIENT INFORMATION FORM

Gillian Nathan, LCSW

4153 24th Street

San Francisco, CA 94114

(415) 820-1603

First Name	Last Name	Birth Date	Age
Street Address	City	State	Zip
Telephone	Other Phone	Relationship Status	Ethnicity
Person to notify in case of emergency	Telephone	Relationship	
Name and ages of children	school		
Present or past employer	Position/ Occupation		
Primary Care Physician	Psychiatrist		
Email	Referred By		

Past or present major health issues (including medications)? _____

Drug/alcohol history _____

Have you ever been in therapy before? _____

Anything else you would like me to know? _____
