Gillian Nathan, LCSW
2120 Market Street, Suite 109
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(415) 820-1603

Client Information Form

First Name	Last Name	Birth Date	Age
Street Address	City	State	Zip
Telephone Number	Other Phone	Relationship Status	Time together
Person to notify in case of emergency		Telephone	Relationship
Names, ages and genders of children			
Occupation		Ethnicity	
Email		Referred By	

What would you most like to get out of our work together? _____

_____

Describe your previous individual or marital therapy experience if you have had any: _____

_____

Please describe any drug or alcohol history: _____

_____

Is there anything else I need to know about you and your relationship that would be important so that I can be most helpful? Remember, I cannot hold secrets from your partner, but I can help you tell them things you might be afraid to tell them. _____

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