

Kenneth R. Philipp, Psy.D.

Clinical Psychologist, PSY 17630

Client Information

First Name		M.I.	Last Name	
Address				
City		State	Zip Code	
Home Phone		Work Phone	Cell Phone	
Birth Date	Age	Social Security Number		
Emergency Contact		Phone	Relationship	
Marital Status	How Long?	Occupation	Previous Therapy <input type="checkbox"/> Yes <input type="checkbox"/> No How Long?	
Physician	Physician Phone		Medications	
Level of Education		Degrees	Fields of Study	
Religious Affiliation		Currently Active? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Church, Temple, etc.	

Household Members More household members than space permits (include as many as possible)

Name	Age	Relationship
Name	Age	Relationship
Name	Age	Relationship
Name	Age	Relationship
Name	Age	Relationship

Person Responsible for Payment (do not complete if same as client)

First Name		M.I.	Last Name	
Address				
City		State	Zip Code	
Home Phone		Work Phone	Cell Phone	
Birth Date	Age	Social Security Number		

Insurance (complete only if using insurance for payment)

Insurance	Name of Insured	
Where to send claims		
Group Number	Policy Number	Authorization Number

Signature _____ Date _____