

Sugar Land Psychotherapy  
1650 Highway 6, Suite 190  
Sugar Land, TX 77478  
832-876-3232

### Client Information

Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Are you (circle one)?      Married      Single      Divorced

Children?      Yes      No

Names of Children      Age of Child

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referred by:      Internet      Doctor      Friend/Family

Name of Person who Referred You (if applicable): \_\_\_\_\_

May I Thank Them for the Referral?      Yes      No

Primary Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Significant Medical Events: \_\_\_\_\_

Primary Concern at This Time: \_\_\_\_\_

\_\_\_\_\_