

**Jeannie Wolitzer, M.S., MFT**  
**Licensed Marriage and Family Therapist**

---

**Client Information Form**

(If couple please include relevant information for each partner)

Name: \_\_\_\_\_ Birthdate (mm/dd/yy): \_\_\_\_\_

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

Your Age: \_\_\_\_\_ Your occupation & work place \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Is it ok to leave a message? Yes\_\_\_\_ No (at which numbers?) \_\_\_\_\_

Email address: \_\_\_\_\_

Spouse/Partner Name: \_\_\_\_\_

Do you have children: yes\_\_\_\_ no\_\_\_\_

If yes, please list ages and names (if client is a minor list siblings):

\_\_\_\_\_

Any other members of your household? \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Address: \_\_\_\_\_ Relation \_\_\_\_\_  
Contact

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

How were you referred to me or how did you learn about me? \_\_\_\_\_

**If client is a minor please complete this section:**

Your name & relationship to minor: \_\_\_\_\_

Who does child reside with? \_\_\_\_\_

Contact information of other parent, if relevant: Name: \_\_\_\_\_

Other Parent Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Child's cell phone (if relevant): \_\_\_\_\_