Open Field Therapy
Client Contact Information

Name(s):_____

Date(s) of Birth:_____ Age(s):_____

Mailing Address:

_____

Phone number(s):

home_____ok to call?_____ ok to leave message?_____

cell_____ok to call?_____ ok to leave message?_____

_____(Initial) ***If I choose to use email****, I understand, that although Open Field Therapy makes every effort to keep email communication confidential upon receipt, that electronic communication is not considered reliably confidential due to the nature of the technology and temporary servers that hold this information in transit.*

Email:_____ok to email?_____

Emergency Contact: _____Phone:_____

Relationship to you: _____

Household members living with you:

Name: Age: Relationship to you:

_____

_____

_____

_____

Significant Medications, Recreational Substances & Health Issues

(Particularly one's that may impact your mental health in any way):

_____

_____

_____

_____

_____

_____

Any additional information you would like me to know to better serve you and address your particular concerns at this time: