Ted Mathis, MA, LPC

12500 W. 58th Ave, Suite 220, Arvada, CO 80002 - (720) 319-1267

CLIENT INFORMATION: **Date:**_____

Name:_____

Address:_____City:_____

State:_____Zip:_____

Phone: (home)_____(cell)_____

Work phone: _____ email: _____

Date of Birth:_____

Employer:_____ Occupation:_____

List history of significant health problems:_____

_____

_____

_____

_____

_____

List history of medications and dosage (if known):_____

_____

_____

_____

_____

_____

Name/Phone# of nearest relative other than spouse:_____

FINANCIALLY RESPONSIBLE PERSON'S INFORMATION:

Name:_____Relationship to Client:_____

Phone (if different from above):_____

Address (if different from above):_____