



Allison Spitzer / Spitzer Health
CLIENT INTAKE INFORMATION

Your Name: _____ Email: _____

Single/Married/Partnership/Divorced/Widowed: Spouse's Name: _____

Children's Names/Ages: _____

With Whom Do You Reside? _____

Address: _____

Cell# _____ Home# _____ Work# _____

Physician: _____ Phone: _____

Employment or School Name: _____

Title, Position, or Grade Level: _____

Emergency Contacts: _____ or _____

Phones: Cell: _____ Wk: _____ Hm: _____

Phones: Cell: _____ Wk: _____ Hm: _____

Are you or have you ever been under the care of a psychiatrist, psychologist or social worker? Yes No

Whom: _____ When: _____ How Long: _____

What was the focus of for work? _____

What medications (if any) have you been prescribed for social, emotional or learning issues? _____

_____ Are you taking these at this time? Yes No

Is there anything else you think might be important background that I know prior to our session?

What brought you here today? What do you hope to accomplish? _____

Hobbies and Interests: _____

What are your Strengths? _____

Medical Disclaimer: Fees are nonreimbursible by insurance and non-refundable.

Information, instruction or advice given during sessions are not intended to be a substitute for competent professional medical or psychological diagnosis and care. As a client, you must take complete responsibility for your own physical health and emotional well-being. Thank you for choosing Allison B. Spitzer, M.A.

I am entering into this activity willingly and at my own risk, or give my consent for the minor or person under my guardianship mentioned above and understand that specific outcomes are not promised or guaranteed. I shall and will indemnify and hold harmless Allison Spitzer, M.A. from and against any and all liabilities, claims, actions, demands, expenses, penalties, suits, and proceedings, actions and causes of actions including attorney's fees, of any kind and nature growing out of or in any way connected with this work. Payment is due at the time of service. I understand that this relationship may be discontinued at any time by either party. Ms. Spitzer encourages that this decision be discussed to facilitate an appropriate plan for closure.

I have read and accepted these statements prior to the session as a condition of my participation.

Date: _____

Signature: _____