



**Client Information Sheet**

**Nancy L. Polli**

MFT 22416

1132 Lincoln Way  
Auburn, CA  
95603

530-887-1326

Client Name/s: \_\_\_\_\_ Birthdate: \_\_\_\_\_ M \_\_ F \_\_

\_\_\_\_\_ Birthdate: \_\_\_\_\_ M \_\_ F \_\_

Names/ages of others in household \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

Occupation \_\_\_\_\_ Place of work/school \_\_\_\_\_

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




Referred by \_\_\_\_\_ May I Thank Them? Y \_\_ N \_\_

Current Medications and Dosage \_\_\_\_\_

What do you take these medications for? \_\_\_\_\_

What brings you to counseling at this time? \_\_\_\_\_

Have you had counseling in the past? When? \_\_\_\_\_

-  Payment is due at the time of services unless other arrangements have been made.
-  .Please call if you find that you can not attend your appointment or if you are running
-  late. I will wait 15 minutes after our scheduled time.

**Emergency Contact**

If there is an emergency during our work together, I become concerned about your personal health or safety, I would like to contact someone close to you, perhaps a relative, spouse, close friend or even your doctor. Please write down the name and information of the person you would like me to contact.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_