

Daniel J. Wachtel, Psy.D.  
NEW CLIENT INFORMATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Name you prefer to be called \_\_\_\_\_

Social Security Number \_\_\_\_\_

Phone Numbers:

\_\_\_\_\_  
(cell) (home) (business)

Is it ok to leave a message \_\_\_\_\_

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

Home Address \_\_\_\_\_

\_\_\_\_\_  
(city) (state) (zip code)

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Occupation (current, or past if not employed) \_\_\_\_\_

Referred by \_\_\_\_\_

Do you give permission for Dr. Wachtel to contact the person who referred you? \_\_\_\_\_

Highest Level of Education: \_\_\_\_\_

Marital Status (check one):

\_\_\_ single \_\_\_ married/living together \_\_\_ widowed

\_\_\_ divorced/separated

Number of children \_\_\_ Ages and genders \_\_\_\_\_

Local physician \_\_\_\_\_

Do you give permission for Dr. Wachtel to contact your local physician? \_\_\_\_\_

Any current physical problems, symptoms, or concerns \_\_\_\_\_

Current prescription medications (name & dosage) \_\_\_\_\_

Prescribed by: (Physician name & number) \_\_\_\_\_

Currently in counseling or psychotherapy? \_\_\_\_\_ Yes \_\_\_\_\_ No

Previous counseling or psychotherapy? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Name of therapist \_\_\_\_\_

For how long? \_\_\_\_\_

Previous psychiatric hospitalization \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, where? \_\_\_\_\_ When? \_\_\_\_\_

Length of stay \_\_\_\_\_

**Person to contact in case of medical or psychological emergency:**

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

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Note: This person would only be contacted upon your consent, or upon life threatening circumstances.**

**Insurance Information:**

Name of insurance carrier \_\_\_\_\_

Phone number of insurer \_\_\_\_\_

Name of insured \_\_\_\_\_ Policy # \_\_\_\_\_

(usually Social Security #)

Group # \_\_\_\_\_

**Briefly describe what you hope will happen or be different as a result of  
Your psychotherapy:**

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**Is there anything else you feel it might be important for your therapist to  
know?**

**If so, please explain:**

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