

Jennifer E. Kelly, Psy.D.
Licensed Clinical Psychologist (#2267)
833 SW 11th Suite 245, Portland, Oregon 97205
(971) 248-5050

CLIENT INFORMATION FORM

Today's date: _____

Name: _____ Birth date: ____/____/____ Age: ____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ ok to leave a message? Yes___ No___

Cell Phone: _____ ok to leave a message? Yes___ No___

Work Phone: _____ ok to leave a message? Yes___ No___

Email* _____

*please see clause in the informed consent form regarding electronic communication.

Emergency Contact: _____

Phone: _____ Relationship: _____

Current Concerns and Counseling Experience:

1. Please describe some of your current concerns that bring you to counseling at this time:

2. What would you most like to get out of counseling at this time? _____

3. Have you been to counseling before? _____

If yes, please briefly describe what brought you to counseling in the past:

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Did you find therapy beneficial for you in the past?

Please describe what you found helpful or not in your previous counseling experience(s):

Medical Information:

1. Please list any medications you currently take:

Name of Medication	Dosage	How long been taking Med?	Purpose	Satisfaction w/ the Med?	Side Effects

Referral Information:

Please let me know how you heard about me? _____
