

Lauren B Yerkes, PsyD, LLC

Updated Client Information

Date: _____

Name: _____

Address: _____

Cell Phone Number: _____

Okay to leave voicemail? _____ Okay to text? _____

Home Phone Number: _____

E-mail Address: _____

Emergency Contact:

Name: _____

Cell Phone Number: _____

Home Phone Number: _____

E-mail Address: _____

Address: _____

Medical Information:

Primary Care Provider: _____

Date of Last Visit: _____

Psychiatric Provider: _____

Current Medications and Dosages (and who is prescribing each): _____

Current Supplements, Vitamins, etc.: _____

Current Employer: _____

For Clients Currently Enrolled in College:

School: _____

Year in School: _____

Major: _____

Parents' Address(es): _____
