

**Client Information Form**

Salt City Psychology, LLC  
77 South 700 East Suite 220  
Salt Lake City, UT 84102  
801-758-7370  
Fax# 801-532-4820

**Client/Patient Information:**

Client/Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer/School: \_\_\_\_\_  
Employer/School Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Previous Counseling and/or Psychiatric Treatment:**

Name of Provider: \_\_\_\_\_  
Length of Treatment: \_\_\_\_\_  
Medications (please include dosages if known):

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

**Who Were You Referred By?**

Name: \_\_\_\_\_

May I contact this person to thank them? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Responsible Party:**

If you are the parent or legal guardian of a client/patient who is under the age of 18, please complete the following with your information. If you are over the age of 18, please proceed to the next section of this

form.

Name of Parent or Legal Guardian: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I certify the information provided above is accurate to the best of my knowledge. I also authorize any service fees to be deducted from the form of payment designated on this form. Should any of the information provided change, I agree to update my provider as soon as possible.

\_\_\_\_\_  
**Signature of Client or Legal Guardian**

\_\_\_\_\_  
**Date**