



Nye Psychotherapy

CLIENT INFORMATION SHEET

Patient Name: _____ SSN#: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone No.(s): Home: _____ Work: _____ Cell: _____

Parent/Guardian Name(s) (if child): _____

Parent/Guardian Address (if different from child): _____

Parent/Guardian Phone No.(s): (if different from child): _____

Marital Status: Single Married Domestic partner Separated Divorced Widowed

Ethnicity: White/European American Black/ African American Multi-racial

Hispanic/Latino Native American Asian American Other Prefer not to respond

Gender: Male Female Trans Other identity Prefer not to respond

Emergency Contact: _____ Phone #: _____