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Client Information

Name _____ Date of Birth _____

Address _____

Telephone number (home) _____ (work) _____

(cell) _____

Email address _____

What is the best way to reach you? _____

Name and phone # of Primary Care Doctor _____

Name and phone # of Psychiatrist (if applicable) _____

Current Medications and Doses _____

For Office Use Only:

CPT-4 Code _____ Diagnosis _____ Fee _____