

**PEGGY KRUGER**  
**TIETZ PH.D.**  
**LICENSED PSYCHOLOGIST**

**Client Information Form**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

Telephone (indicate which number is preferred)

Home \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widow

Spouse/Partner's Name \_\_\_\_\_

Children (age and gender) \_\_\_\_\_

Occupation and Name of Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

Medical or Health Insurance \_\_\_\_\_

Physician \_\_\_\_\_

(Physician can be notified? \_\_\_\_\_ yes \_\_\_\_\_ no)

Psychiatrist \_\_\_\_\_

(Psychiatrist can be notified \_\_\_\_\_ yes \_\_\_\_\_ no)

In case of emergency, please notify \_\_\_\_\_

Previous Therapy: \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, when and with whom \_\_\_\_\_

Who referred you to me? \_\_\_\_\_

Please briefly describe what brings you to counseling at this time \_\_\_\_\_

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