

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

Client Information Form

Name _____ Birth Date _____

Email _____

Address _____

Telephone (circle which number is preferred)

Home _____ Work _____ Cell _____

Email _____

Marital Status: M S W D Sep

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 _____
