

Client Information Form
Terri Phillips Marriage and Family Therapist Inc.
909-730-0410
www.terriphillipsmft.com

Date:_____

Client Name:_____ Date of Birth:_____

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

Social Security Number: _____

Home Phone: _____ Work Phone:_____

Cell Phone: _____

Emergency Contact Name: _____ Phone Number: _____

Previous Counseling and/or Psychiatric Treatment:

Medications:

Medical Conditions:

Any previous head injuries/trauma or seizures?

Left or Right Handed?_____

What do you hope to accomplish with Neurofeedback?

I understand that Terri Phillips, MA is a licensed Marriage and Family Therapist and therefore mandated to violate confidentiality to report any of the following to the appropriate agency:

- 1) Child abuse or neglect
- 2) Elder abuse or neglect
- 3) If you are a danger to yourself or others

Signature

Date

