



Uplifting Therapy

Licensed Marriage and Family Therapist
Brenda Franks Lic. # 96217
PH: 530.645.2278 FAX: 530.441-1277

Client Information Form

Today's Date: _____

Name: _____ DOB: _____

Age: _____

Nicknames or aliases: _____

Home Address: _____ Apt: _____

City: _____ State: CA Zip: _____ Home # _____

Cell #: _____

Email: _____

Calls or emails will be discreet, but please indicate any restrictions:

Is it okay to text and email: YES/NO

How did you hear about me? _____

Cultural/Religious beliefs:

Gender Identity: _____ Sexual orientation: _____

Any medical issues? If so, please list:

Current Employer: _____

Address:

Work #: _____ Email: _____

Spouse's Name:

Phone #: _____



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Children: How many? _____ ages: _____

Are you having thoughts of hurting yourself? YES/NO

If yes, please explain:

Why is it you are seeking treatment:

Emergency Contact Information:

Name: _____

Relationship: _____

DOB: _____

Address:

City: _____ State: _____

Phone #: _____