

Therapist _____

Please print the completed form and send it to us by mail or fax.

CLIENT INFORMATION – ADULT

Name _____ Date of Birth _____

Home# _____ Cell# _____ Work# _____

Street Address: _____

City _____ State _____ Zip _____

Email Address: _____

By whom were you referred? _____

Employer _____ Telephone (____) _____

Highest grade or degree _____ Year _____

Married/partnered? _____

Children? _____ Names & Ages? _____

Brief statement of your concerns:

Medical histories - Please give names of practitioners and dates for most recent:

Physical exam _____

Eye exam _____

Psychological evaluation _____

Psychiatrist (name & phone number) _____

Emergency Contacts (names & phone numbers) _____

Financing Wake Kendall services:

Will someone other than yourself be paying your Wake Kendall bills? Yes/No

If Yes: We ask that you and your payor sign 2-3 forms:

- 1) Agreement for Services
- 2) Agreement with Payors of Adult Clients
- 3) Billing Procedures for DBT at Wake Kendall (for payors of adult DBT clients only)