The Wake • Kendall Group PLLC
Psychotherapy & Assessment

New Client Information Sheet

Name: _____
First Name Middle Initial Last Name

Sex *(required field for the medical records system)*: ☐Male ☐Female

Gender: ☐Male ☐Female ☐Genderqueer ☐Other _____
☐Transgender male/Trans man/Female to male ☐Transgender female/Trans female/Male to female

Preferred Pronoun: ☐He/Him ☐She/Her ☐Ze/Zey ☐They/Them ☐Other _____

Client DOB (MM/DD/YYYY): _____/_____/_____

Address:_____

City:_____State:_____ Zip:_____

Phone Number *(indicate preferred/primary phone number)*: ☐mobile_____ ☐home_____

Email address *(required for clients who wish to utilize the Patient Portal)*:_____

Do you want to receive Appointment Reminders?: ☐No ☐Yes
If yes, indicate how you would like to receive the reminder:
**Note: clients may select email AND phone reminders, but must choose either SMS or voicemail as the type of phone reminder*

☐Email ☐Text (SMS) **OR** ☐voicemail (*indicate phone number)_____

Payor Information *(To be completed if client is under age 18 or if anyone other than client will be payor)*

Name: _____ Relationship to Client: _____

Parent/Payor DOB: _____/_____/_____

Phone Number (indicate preferred/primary phone number): ☐home_____ ☐mobile_____

Parent/Payor Email:_____

Emergency Contact(s)

Name:_____

Relationship to Client:_____

Phone Number (indicate preferred phone number): ☐home_____ ☐mobile_____

Email Address:_____

Name:_____

Relationship to Client:_____

Phone Number (indicate preferred phone number): ☐home_____ ☐mobile_____

Email Address:_____