

Joy Robinson, Registered Marriage & Family Therapy Intern ~ Renew Your Life with Joy, LLC
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Psychotherapy
7301 W. Palmetto Park Rd • Ste 208B • Boca Raton • FL 33433
Office Phone 561.544.8011 Fax 561.526.1062

CLIENT INFORMATION

Last Name: _____ First Name: _____ M.I. _____

Date of Birth: _____ M [] F [] Age _____ SS#: _____ - _____ - _____

Marital Status (CIRCLE ONE): Single Married Separated Engaged Divorced Widowed

Local Street Address: _____ Apt. _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email Address _____

O.K. to leave message(s) at above contact info? ___yes ___no, please specify _____

Primary Care Doctor: _____ Psychiatrist: _____

Current Medications: _____

Current Medical Conditions: _____

Past Medical Conditions: _____

Employer: _____ Occupation: _____

Student ___yes ___no If yes, school _____

Emergency Contact Person: _____ Phone: (_____) _____

How did you find this practice? ___Insurance Plan or EAP ___Internet ___Doctor or Psychiatrist
___Friend/Relative ___Therapist/Counselor ___Former or Current Client ___Open Path
___Clergy ___Other _____

Self-pay fee per session: _____

SIGNATURE: _____ **Today's Date** _____
(Signature of Patient/Parent if Minor)

For Office Use Only

DSM Dx _____ ICD10 Dx _____