Dr. Karen Quek, PhD
Licensed Couple & Family Therapist #: 40805
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EMPOWERING SELF, ENRICHING RELATIONSHIPS

Client Information

Instructions: Please fill out this form as completely as possible and please print or write legibly. If you need more room to complete any section, continue writing on the back of that page. If certain questions do not apply to you, write NA. Please bring all completed forms with you to your first session. If you have questions or concerns about any items, please discuss them with Dr. Karen Quek.

Your Name (First, Middle Initial, Last)____

Address____

City/State/Zip____

Phone #s: Home ________________________________ Work _________________________

Other (specify – cell phone, etc.) ____

Do you want us to use discretion when calling you or leaving messages at any of the phone #s?

No____ Yes____ (If Yes, please be specific)_______________________________________

____

Age_________ Birth Date___________________ Social Security #____________________

Occupation____________________________ Employer_____________________________

Single____ Married____ (# years_______) Partnered____ (# years_______)

Separated____ Divorced____ Widowed____ Other____ (specify)________________

Names and ages of children____

____

Spouse's/Partner's Name____ Age________

Spouse's/Partner's Occupation____

Significant medical problems you have or had____

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____

Current medications you are taking____

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If you have had any previous mental health and/or substance abuse treatment (outpatient and inpatient), list the type and approximate start and end dates for each:

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If you are currently working with any mental health professionals (including psychiatrists), list their names, profession, phone number and address and length of time you have been working with them:

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If any other household or immediate family members are currently working with any mental health professionals, list which family members and what type of professional they are working with:

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I/We certify that all the information I/We have provided above is accurate to the best of my knowledge. If any of the information changes I/We will provide updated information to Dr. Karen Quek as soon as possible.

______________________________ ______________________________

Client Signature/Date Client Signature/Date