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### Client Information

Date: \_\_\_\_\_

Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: M/F Age: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

It is ok to email this address: Yes No

Home Phone Number: \_\_\_\_\_

It is okay to leave a message at this number (circle one): Yes No

Cell Phone Number: \_\_\_\_\_

It is okay to leave a message at this number (circle one): Yes No

It is okay to text this number (circle one): Yes No

### Emergency Contact Information

*Please note, this person will only be contacted in the event of an emergency and we will always inform you if we do so.*

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternate Number: \_\_\_\_\_

Medications you take (prescriptions & NonPrescription): \_\_\_\_\_

\_\_\_\_\_

Primary reason for seeking therapy: \_\_\_\_\_

\_\_\_\_\_