



17637 100th Ave SW,
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206-861-9577 www.susanross.com

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: _____
