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Client Background Information

Name: _____ DOB: _____

Address: _____

Billing address, if different: _____

Email Address: _____

Telephone Numbers

Home: _____ Work: _____ Cell: _____

Please state clearly any restrictions you have concerning my contacting you or leaving messages for you at the email address, at the postal address, or at any of the phone numbers listed above.

Place of work: _____

How did you find out about my services? _____

Have you been in therapy before? _____ If yes, when? _____

What brings you to therapy today? _____

What do you hope to get out of therapy? _____

What medications are you taking? _____

How often do you drink alcohol? _____

Emergency contact name: _____

Emergency contact phone: _____ Relationship to you: _____

Please add anything else you think it is important for me to know: _____
