Eva Hudlicka, LICSW, MSW, PhD – Psychotherapy

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New Client Information

Client name: _____ _____ _____
First Middle Last

Address: _____ _____ _____ _____
Street City State Zip Code

Home Phone: _____ OK to leave message? Yes No

Cell Phone: _____ OK to leave message? Yes No

Email: _____

Preferred mode of communication: Cell Home Text (include #) Email

Gender: _____ Marital Status: _____

Date of Birth: _____ Age: _____

Employer: _____ Occupation: _____

Work phone: _____

Emergency Contact Person: _____ Phone: _____

How did you hear about my practice? (Please circle those that apply)

Insurance Provider Directory Friend Co-worker Psychology Today Web search Another provider

Are you currently involved in any legal proceedings? Yes No

Preferences regarding the therapy process: (optional)

Interest in therapy "homework" (exercises & techniques to practice between sessions)	Yes	No	Maybe
Interest in self-help book recommendations	Yes	No	Maybe
Interest in research articles relevant to my symptoms & goals	Yes	No	Maybe
Willingness to fill out periodic questionnaires to assess progress	Yes	No	Maybe
Willingness to fill out very brief questionnaires during each session	Yes	No	Maybe

Payment / Insurance information:

Person responsible for payment: _____

Relationship to client: _____

Primary Insurance: _____ Insurance ID: _____

Secondary Insurance: _____ Insurance ID: _____