Lauren Radtke-Rounds, Ph.D. PLLC
Licensed Psychologist
248-962-5064

CLIENT INFORMATION (ADULT)

1 Page

Full Legal Name: _____ Today's Date: _____

If necessary, I give Dr. Radtke-Rounds permission to call me at the following numbers:

Home Phone:	( ) ___ — ___	OK to leave a message?	❑ Yes ❑ No
Work Phone:	( ) ___ — ___	OK to leave a message?	❑ Yes ❑ No
Cell Phone:	( ) ___ — ___	OK to leave a message?	❑ Yes ❑ No
Other:	( ) ___ — ___	OK to leave a message?	❑ Yes ❑ No

Address: City: Zip code:

Age:	Date of Birth: / /	Gender: ❑ Male ❑ Female ❑ Non Binary/ Other	Social Security #:

Occupation:	Place of Employment:
❑ Full Time ❑ Part Time	Highest Grade Completed:

Relationship: ❑ Never Married ❑ Married ❑ Partnered ❑ Separated ❑ Divorced ❑ Widowed

List Family Members (Parents/Siblings or Partner/Spouse/Children)

Name	Relationship	Age	Occupation (or grade)

Are you involved in any legal cases at the present time? ❑ Yes ❑ No	If yes, please explain:

Emergency Contact Person*:	Relationship:
Work or Daytime Phone: ( ) ___ — ___	Home Phone: ( ) ___ — ___

** Please note that in case of concern for safety, the above person will be contacted.*

Primary Physician	Phone: ( ) ___ — ___
Please list any current medications (including birth control pills) and/or physical health problems:	
Significant past health problems:	
Who referred you to my office?	