

**Janet A. Sullivan, MS, LCPC**  
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**Schaumburg, IL 60173**  
**847-946-2795**

**CLIENT INFORMATION**

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

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

City, State, Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Preferred Gender Identification:  Woman  Man  Non-Binary

Work Status:  Employed  Unemployed  Retired  Full-time Student  Part-time Student

Relationship status:  Never Married  Partnered  Married  Separated  Divorced  Widowed

Education level: \_\_\_\_\_

Employer/School: \_\_\_\_\_

Others living at home: \_\_\_\_\_

Home Phone: \_\_\_\_\_ May I leave a voice message? Y N

Work Phone: \_\_\_\_\_ May I leave a voice message? Y N

Cell Phone: \_\_\_\_\_ May I leave a voice message or text? Y N

Email: \_\_\_\_\_ May I send an email? Y N

(Please be aware that email and text messages are not secure and therefore I cannot protect your privacy should you choose to contact with me through these modes of communication.)

Concerns that bring you to therapy: \_\_\_\_\_

Have you seen a therapist or counselor before?  yes  no

If yes, when and with whom? \_\_\_\_\_

What did you seek counseling for? \_\_\_\_\_

Previous/current Diagnosis: \_\_\_\_\_

List any significant health problems: \_\_\_\_\_

List any medications you are taking and dosage: \_\_\_\_\_

Prescribing Provider Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Primary Care Physician Information**

PCP Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Emergency Contact:** \_\_\_\_\_ Relationship: \_\_\_\_\_ Ph: \_\_\_\_\_

**Referral Information**

How did you hear about me?  PsychologyToday  GoodTherapy  Website  TherapyDen  Other Online

Referred by (ie friend/relative) \_\_\_\_\_ Phone \_\_\_\_\_

May I thank them for referring you?  yes  no

\_\_\_\_\_  
Client Signature Date

\_\_\_\_\_  
Parent/Guardian Signature Date  
(If client is under age 18)