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Licensed Psychologist

GENERAL INFORMATION FORM

Date: _____

Client Name: _____

Client Date of Birth: _____ Age: _____

Parents: _____

Address: _____ City: _____ State: _____ Zip: _____

Address: _____ City: _____ State: _____ Zip: _____

School and/or Employer: _____

Custody Information:

If relevant, please attest to who has legal custody of child:

Sign & Date _____

Contact Information:

Home #: _____

Work #: _____

Cell #: _____

Email: _____

Okay to leave message:

Yes No

Yes No

Yes No

Yes No

Primary contact #?

Yes No

Yes No

Yes No

Yes No

Emergency Contact Information:

Name: _____ Phone: _____

Relationship to you: _____