

6325 Executive Boulevard
Rockville, MD 20852
Telephone (301) 770-0275
Fax (301) 770-0276

CLIENT INFORMATION FORM

Name of Client: _____ Date of Birth: ____/____/____ Age: _____

Address: _____
Street Address City State Zip Code

Email Address: _____

Phone Numbers: Home _____ Business _____ Cell _____

Occupation: _____ Highest Level of Education: _____

Marital Status: _____ Spouse's Name: _____

Referred by: _____

History of previous treatment: _____

FOR CHILD AND ADOLESCENT CLIENTS ONLY:

Name of School Attended: _____ Grade Level: _____

Parents' Marital Status: _____

Mother's Name and Address: _____

Mother's Home Phone Number: _____ Mother's Work Number: _____

Father's Name and Address: _____

Father's Home Phone Number: _____ Father's Work Number: _____

Siblings' Names and Ages: _____

AUTHORIZATION FOR TREATMENT:

I have read Dr. Dye's Policy Statement and accept the terms as stated. I accept financial responsibility for services rendered. I authorize Dr. Dye to release information to my insurance company as necessary.

Signature

Date