

VINDER LALLIAN, MA, LMFT

CA Licensed Marriage and Family Therapist, MFC# 52026 www.vinderlallian.com  
(916) 599- 2783

2540 Douglas Blvd. Suite 200  
Roseville, CA 95661

NEW CLIENT INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Driver's License#: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Spouse/Partner's Name: \_\_\_\_\_ Marital Status: S \_\_\_ M \_\_\_ D \_\_\_ W \_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Driver's License#: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email: \_\_\_\_\_ Who referred you? \_\_\_\_\_

Medications \_\_\_\_\_ Prescribing Physician \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Prescribing Physician \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
(If it becomes necessary to contact this individual, only that information required to keep you safe will be disclosed.)

\*\*\*\*\*

Briefly explain your hope in coming to therapy:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Client or Authorized Person's/Guardian's Signature

\_\_\_\_\_  
Acknowledgement of receipt of Privacy Policy

\_\_\_\_\_  
Client or Authorized Person's/Guardian's Signature

\_\_\_\_\_  
Acknowledgement of receipt of Privacy Policy