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New Client Information

Please answer each question carefully, as it will be helpful in planning services for you.

Name: _____ Today's Date: _____

Address: _____ Home Phone: _____

_____ Work Phone: _____

Email: _____ Cell Phone: _____

May I contact your home phone? _____ Work Phone? _____

Age: _____ Date of Birth: _____ Relationship Status: _____

Social Security Number: _____

Occupation: _____

Place of Employment: _____

Who referred you? _____

When were you last examined by your physician? _____

List any health conditions for which you are being treated: _____

List all medications you are taking: _____

Please briefly state the nature of the concern that brings you here: _____

Have you received psychological or psychiatric help before? _____

If yes, please explain: _____

Person to contact in case of emergency: _____

Address: _____

Phone number: _____ Relationship: _____