

Karen Turiel Klein, LCSW-C

Psychotherapist

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(301) 335-6330

Name _____ Date _____

Street address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ Employer _____

Email address _____

Please put a * next to the best place to leave a confidential email or voicemail.

Are you comfortable receiving invoices over email? Yes / No

Date of Birth _____ Age _____

How were you referred to me? _____

Please list the names and ages of all people living at home with you:

Have you been in therapy before? Yes / No For how long? _____

If you take psychiatric medications, please list them here:

Please list any other present medical conditions & medications taken:

Name of Prescribing Physician(s) _____