

Connie Wax, LCSW

5182 Katella, Suite 206

Los Alamitos, CA 90720

LCSW27430 714.300.3163

Client Information

Name: _____ DOB: _____

Address: _____

Phone Numbers: _____

Emails: _____

Occupation: _____

List full name of all persons currently living in your home, age and relationship:

Name	Relationship	Age
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Please describe your reasons for seeking treatment and your treatment goals:

I assume full personal and financial responsibility for any clinical social work services rendered.

Signature of Responsible Adult _____ Date _____