Worldview Psychological Services, LLC.
Kimberly E. Johnson, PsyD, HSPP
Licensed Clinical Psychologist

CLIENT INFORMATION SHEET Date: _____

Name: _____ Gender: _____ Birthday: _____

Address: _____City: _____State: ____ Zip Code: _____

Home Phone: _____ Email Address:_____

Occupation: _____ Employer: _____

Work Phone: _____ Cell Phone: _____ Preferred Contact Phone: _____

Education (Highest level of education attained): _____

Spouse/Partner's Name: _____

Emergency Contact: _____ Phone: _____

Primary Physician, Address, Phone Number: _____

Psychiatrist, Address, Phone: _____

Insurance? Y or N **If yes, please bring insurance card to first appointment and complete the following.**

Insurance: _____ Policy ID: _____ Group: _____ Provider Phone: _____
Amount of Insurance Co-pay:_____ Amount of Deductible:_____ Deductible Met? Y or N

Do you have Medicare or Medicaid? Y or N

NOTE: Medicare and Medicaid are not accepted and can't be used individually or in combination with other insurance for payment.

Please list any significant health problems:

_____

Please list all medications you are taking, dosage, and who prescribed them:

_____

_____

Have you had psychotherapy or counseling previously? Yes _____ No _____

If yes, when and with whom?

_____

_____

Have you ever had an Inpatient Psychiatric Hospital stay? Yes ____ No ____

If yes, where: _____

When: _____ Duration of Stay: _____

Do you have a religious or spiritual affiliation? _____

What is your ethnicity or cultural identity? _____

What is your sexual orientation or preference? _____

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