



Individual, Couples and Family Counseling
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CLIENT PROFILE

Name _____ DOB: _____ Age: _____

Mailing Address: _____

City: _____ State/Zip: _____

Physical Address: _____

City: _____ State/Zip: _____

Phone: Home: _____ Cell: _____ May I text you? ** Yes No

Email: _____ May I email you? ** Yes No

Employer: _____ Phone: _____

May I (or my billing service) leave a message ** at: Home? _____ Cell? _____ Work? _____

If Applicable:

Spouse/Partner Name: _____ Birthdate: _____ Age: _____

Spouse/Partner Phone: Cell: _____ Work: _____

* May I leave a message at spouse/partner's number? Cell _____ Work _____

Person Responsible for Payment (if different than client): _____

Address: _____

City: _____ State/Zip: _____ Phone: _____

Emergency Contact: _____

Relationship: _____ Phone Number: _____

***In-between session contact/messages are generally limited to scheduling or billing issues*