

# Center for Anxiety & Behavioral Change

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Today's Date: \_\_\_\_\_

Client Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Spouse/parents: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Referred by: \_\_\_\_\_

Please give a brief description of the problem(s):

\_\_\_\_\_  
\_\_\_\_\_

Has treatment been sought previously?  Yes  No

If yes: when, with whom (agency of private practitioner), and for what reason.

\_\_\_\_\_

Is there access to firearms in the home?  Yes  No