

Eleonora Bartoli, Ph.D.
Licensed Psychologist

Client Information Form

All information below is considered Personal Health Information (PHI).

Name: _____ **Date:** _____

Date of Birth: _____ **Current Age:** _____

Gender Identity: _____ **Preferred Pronouns:** _____

Racial/Ethnic Identity: _____

Referred by (if applicable): _____

Email: _____ **Phone Number:** _____

May I leave a message on your voice mail? **Yes:** _____ **No:** _____

May I text you? **Yes:** _____ **No:** _____

Address: _____

_____ **Zip Code:** _____

Emergency Contact: _____

Relationship: _____ **Phone Number:** _____

Address: _____

_____ **Zip Code:** _____

Signature: _____