

Sue Ujvary, LPC  
1525 NE Weidler, Suite 101 -- Portland, Oregon 97232  
sujvary@comcast.net, 360-909-2489

Client Information  
All responses remain confidential.

Today's date: \_\_\_/\_\_\_/\_\_\_

Date of birth: \_\_\_/\_\_\_/\_\_\_ Age today: \_\_\_\_\_

Preferred name: (first and last) \_\_\_\_\_ Preferred Gender: \_\_\_\_\_

Legal name (if different): \_\_\_\_\_

Mailing address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

How would you prefer I contact you (usually about scheduling issues)? (**\*Please note that electronic communication is not guaranteed as confidential**).

\_\_\_ Phone/Voice mail # \_\_\_\_\_

\_\_\_ \*Text message # \_\_\_\_\_

\_\_\_ \*Email address: \_\_\_\_\_

Occupation or daily activity: \_\_\_\_\_

How did you hear about this office?

\_\_\_ referred by \_\_\_\_\_ \_\_\_ Social media (FB) (FL) (LinkedIn)

\_\_\_ Psychology Today Website \_\_\_ printed media \_\_\_\_\_

\_\_\_ Google results \_\_\_ other \_\_\_\_\_

Are you taking any medications? Please include cannabis, naturopathic remedies, and hormones.

Why are you seeking therapy at this time?

Do you have previous experience with mental health care? If so, please explain, giving at least approximate dates. (Use reverse side if necessary).