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Client Information

Date Form Completed:

Name: _____

Date of Birth: _____ Gender: _____ Age: _____

What pronouns do you use? (e.g., she/her/hers, he/him/his, they/them, theirs, etc.)

Cell Phone: _____ Is it ok to leave messages on this phone? Yes ___ No ___

Home Phone: _____ Is it ok to leave messages on this phone? Yes ___ No ___

Email: _____ Is it ok to send email to this address? Yes ___ No ___

Street Address: _____ City: _____

State: _____ Zip: _____ Is it ok to send mail to this address? Yes ___ No ___

Parent Name:

Address:

Phone:

Email:

Custody/Guardianship: _____

Parent Name:

Address:

Phone:

Email:

Current Employment/School: _____

Current Relationship Status Are you currently in a relationship? Yes ___ No ___

If yes, how long have you been in this relationship? _____

Medical Conditions: _____

Current Medications (Medication and Dosage)

Emergency Contact Information Contact: _____
Relationship to Client: _____ Phone Number: _____

Additional Providers (Note: Providers will not be contacted without signed release form)

Primary Care Doctor: _____ Phone: _____

Prescriber: _____ Phone: _____

Previous or Additional Therapist: _____ Phone: _____

Dietician: _____ Phone: _____

School Contact: _____ Phone: _____

This form can be filled out and emailed directly to me, however it contains HIPAA protected information such as your date of birth and medication. Please be aware that email platforms can be accessed by unauthorized sources, compromising the privacy and confidentiality of such communication. Un-encrypted emails, such as this, are even more vulnerable to unauthorized access. If you prefer, you may print these forms, fill them out at home and bring them to our first session or mail them back to my office.