

**DEBRA M. DALBY, L.C.S.W.**  
**208 South King Street, SW #202**  
**Leesburg, Virginia 20175**

**CLIENT INFORMATION**

Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
\_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
\_\_\_\_\_

Marital Status:  Married  Single  Divorced Date of Birth: \_\_\_\_\_  
Gender:  M  F Age: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
\_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Current Medication: \_\_\_\_\_

Referred by:  
 Physician/Psychiatrist/Therapist (name) \_\_\_\_\_  
 Insurance Company  Internet  School System  EAP  
 Friend  Discharge Plan  Other: \_\_\_\_\_

**GUARDIAN INFORMATION (if applicable)**

Guardian Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Relationship to client: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

I, the undersigned, verify that the above information is true and correct.

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Guarantor: \_\_\_\_\_ Date: \_\_\_\_\_