



Kimberly C. Wong, LCSW

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### Client Information

Date \_\_\_\_\_

New Client     Update

**Name Client1** \_\_\_\_\_ Birthdate: \_\_\_\_\_

Nickname/Preferred Name \_\_\_\_\_

Pronouns & Other Relevant Identity Info (optional) \_\_\_\_\_

Address \_\_\_\_\_ (Street Address)  
 \_\_\_\_\_ (City, State, Zip)

Preferred Phone \_\_\_\_\_  Hm  Wk  Cell    Ok to leave Msg?  Yes  No

Alternate Phone \_\_\_\_\_  Hm  Wk  Cell    Ok to leave Msg?  Yes  No

Email Address \_\_\_\_\_

Preferred Method of Communication for Scheduling     Call/VM     Text     Email  
*(Texting is limited to scheduling & appointment purposes and not confidential communication)*

**Name Client2** \_\_\_\_\_ Birthdate: \_\_\_\_\_

Nickname/Preferred Name \_\_\_\_\_

Pronouns & Other Relevant Identity Info (optional) \_\_\_\_\_

Address (if different) \_\_\_\_\_ (Street Address)  
 \_\_\_\_\_ (City, State, Zip)

Preferred Phone \_\_\_\_\_  Hm  Wk  Cell    Ok to leave Msg?  Yes  No

Alternate Phone \_\_\_\_\_  Hm  Wk  Cell    Ok to leave Msg?  Yes  No

Email Address \_\_\_\_\_

Preferred Method of Communication for Scheduling     Call/VM     Text     Email  
*(Texting is limited to scheduling & appointment purposes and not confidential communication)*

Children Names & Ages \_\_\_\_\_  
 \_\_\_\_\_

Emergency Contact \_\_\_\_\_

How Did You Hear About Me? \_\_\_\_\_