



**B R E N D A
R U T T E N B E R G, Ph.D.**

Clinical Psychologist PY60078953
Mobile/VM: (206) 617-6002
Fax: (425) 259-5270

**Where relevant, please fill out all of the following information
and bring it to your initial appointment.**

Client Information:

First Name: _____ MI: _____ Last Name: _____
Address: _____ Apt. No.: _____
City: _____ State: _____ Zip: _____

Referred By: Name: _____ Phone: () _____ - _____

Date of Initial Appointment: ___/___/___

Client Information continued:

Home Phone: () _____ - _____ Work Phone: () _____ - _____
Date of Birth: ___/___/___ Social Security #: ___/___/___
Sex: Male () Female () Marital Status (check one): Single () Married () Other ()
Employment Status (check one): Employed () Unemployed ()
Full-time Student () Part-time Student ()

School or Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ - _____

Is your current concern job related? Yes () No ()

Is your current concern related to an accident? Yes () No ()

If you are taking any medication(s), please list them here:

Medication	Dosage	Frequency Taken	Prescribed By (Name & Phone)

Hospital stays in the past year _____ .

Primary Care Physician: _____ Phone: () _____ - _____

Psychiatrist (if applicable): _____ Phone: () _____ - _____

Emergency Contact:

Name: _____ Relation to Client: _____

Phone: () _____ - _____ Place of Employment: _____

Insurance Information:

Health Insurance: _____ Policy #: _____

Name of Primary Insured: _____ Group #: _____

Relation to Client: Self () Parent () Spouse () Other ()

IF YOU ARE A PARENT OR A GUARDIAN, WHAT SYMPTOMS OR BEHAVIORS OF YOUR CHILD OR DEPENDENT CONCERN YOU THE MOST?

Please describe:

Please Note:

Mental Health Therapy is strictly confidential with three exceptions. Some of the circumstances where disclosure is required by the law are:

- (1.) Where there is reasonable suspicion of child, dependent or elder sexual and/or physical abuse or neglect;
- (2.) Where a client presents a danger to self, to others, to property, or is gravely disabled; or
- (3.) When client's family member/s communicate to Dr. Ruttenberg that the client presents a danger to others.

We will discuss confidentiality further in session.

Thank You!