

Kristen M. Montague, PsyD, LMFT

619 North 35th Street # 207
Seattle, WA 98103

Phone: 425.224.6051/Fax: 206.547.5298
E-Mail: kristenmontaguepsyd@gmail.com

Client Information Form

Your Name: _____ Today's Date: _____

Birth date: ____ / ____ / ____ Age: _____ Gender: _____

Address: _____

City, State: _____ Zip: _____

Home Phone: _____ May I leave a message? Yes No

Cell Phone: _____ May I leave a message? Yes No

E-mail: _____ May I email you? Yes No

*Please note: Email correspondence is not considered to be a confidential medium of communication.

Employer: _____ Occupation: _____

Employer's address:

Please write a brief description of your goals for our work together.

Who should I contact in the event of an emergency:

Name: _____ Phone: _____

Your relationship to this person: _____

May I contact this person in the event there is an emergency? Yes No

Signature: _____ Date: _____