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## Client Enrollment

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Referred by: \_\_\_\_\_

Emergency Contact  
Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Primary Care  
Physician: \_\_\_\_\_

Medical Clinic: \_\_\_\_\_

Are you currently seeing any other behavioral health professionals?  Yes  No

If yes, please list: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_