



# Client Information & Informed Consent

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Courage**

3160 Camino del Rio S #304

San Diego, CA 92108

**T** 619-819-0283

**F** 619-819-0284

www.potentiatherapy.com

I am here to see: \_\_\_\_\_ Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Age: \_\_\_\_\_ D.O.B: \_\_\_\_\_ S.S.N.: \_\_\_\_\_

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

Employer/School: \_\_\_\_\_

Marital status: Married • Remarried • Single • Single Parent • Widow(er)  
Divorced • Separated • Partnered

If applicable, Spouse/Partner's Name: \_\_\_\_\_

Do you have children? Yes • No

If yes, names & ages \_\_\_\_\_

Who lives in your home? \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Permanent Address (same as above\_\_\_\_ )

Have you ever seen a mental health professional (psychiatrist, psychologist,  
or counselor)? Yes • No

If yes, when? \_\_\_\_\_

Please briefly list the reasons: \_\_\_\_\_



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Are you currently taking any medication? Yes • No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

What brings you to therapy today?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about Potentia?

\_\_\_\_\_

If applicable, may we thank your referral source? Yes • No

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

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

May your therapist leave a message for you at (Please Circle):

Primary Number: Yes • No

Secondary Number: Yes • No

Can your therapist contact you via email to discuss scheduling and other related issues? Yes • No

Would you like to be included on Potentia's e-list and receive blog and event updates? Yes • No

E-Mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_