CATHERINE E. MORTON, M.A./M.C
802D Officers Row
Vancouver, WA 98661
Phone: (360) 695-3012 Fax: (360) 844-6039

CONFIDENTIAL INFORMATION

Date

Client's Name | Birth date

Address | ☐ Home ☐ Cell Phone ( ) *Y/N

City | State | Zip Code

Referred By | Social Security No.

Employer | Occupation/Shift

Employer's Address | Business Phone ( ) *Y/N

Marital Status | Years of Education

Spouse (or Parents) | Birth date

(List parents if client is a child)

Address if other than above

Employer | Occupation/Shift

Employer's Address | Business Phone ( ) *Y/N

Social Security No. | Years of Education

Names of Children	Age	Relationship	Living with whom

Others in Home

Client's Personal Physician(s)

Medications? If yes, please describe

Previous Counseling Experience(s)

Health Insurance Co. | Address

Name of Insured Person

Insurance Identification Number | Group Number

Briefly describe the nature of the problem(s) for which you are seeking assistance

* May we call you at this number, if necessary?