

**Solace Psychological Services, PLLC
2500 N. Tucson Blvd. #108
Tucson, Arizona 85716**

Client Information

Name: _____ **Date:** _____

DOB: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Can I send correspondence (bills, notices) to this address? Yes No

If not, which address should I send correspondence to?

Home Phone: () _____ **Cell Phone:** () _____

Email Address: _____

What is the best way to reach you? Home Cell Email Other:

Are you on any medications? If so, please provide the name.

In case of an emergency, whom may I contact?

Name: _____ **Relationship to you:** _____

Phone: () _____

How did you hear about Solace Psychological Services?

Problem Areas you would like to address

- 1.
- 2.
- 3.