

Cher L. King, Ph.D., PC, Licensed Psychologist

FORENSIC CLIENT INFORMATION

Name: _____ Birth Date: _____

Age: _____ Male: ____ Female: ____ Social Security No: _____

Address: _____ City/State: _____ Zip: _____

Home Phone : _____ Cell: _____

Email address (list only if you have a personal email address, you check your email regularly, and it is acceptable for Dr. King to send you email messages; do not list if you do not wish to receive emails and wish only to be contacted by phone or mail):

Employer: _____ Work Phone: _____

May we call you at work? ____ Yes ____ No

Your Spouse: _____

Social Security No: _____ Birth Date: _____

Employer: _____

Emergency Contact Person: _____ Phone: _____

Relationship of this person to you: _____

Your attorney: _____ Phone: _____

Attorney's address: _____

Your Signature

Date signed