Karen Habib, Ph.D.
Licensed Psychologist
4131 Spicewood Springs Road
Suite A-7
Austin, Texas 78759
(512) 345-1266

CONFIDENTIAL CLIENT INFORMATION

Date _____

Name _____

Address _____

City/State/Zip _____

Phone numbers where I can leave a message _____

Email _____

Occupation _____ Employer _____

Gender Identity_____ Date of Birth _____ Age _____

Relationship Status _____ Ethnic/Racial Background _____

Name of Psychiatrist/Physician _____

Names of previous therapist(s) and dates seen _____

_____

_____

Describe any health concerns. _____

_____

List any drugs/medications you presently use. _____

_____

_____

Referred by _____ Phone _____

Please describe the concern(s) which bring you here. _____

Please describe any past or present suicidal thoughts or behaviors. _____

Please list the members of your family and other significant people in your life.

Name	Relationship to You	Age	Occupation	Deceased?