



MILES NEALE Psy.D.,LMHC
Contemplative Psychotherapist

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CLIENT INFORMATION FORM

Identifying Information

Name	
Date of Birth	
Social Security	
Marital Status / Yrs	
Mobile Phone	
Home Phone	
Email Address	
Home Address	
Emergency Contact	
Emergency Phone	

Health Information

Medical Conditions	
Medications	
Prior Psych Hospital	
Physician's Name	
Physician's Phone	
Substance Abuse	
Family Health History	
Prior Psychotherapy	
Therapist's Name	
Therapist's Phone	
Diagnosis Discussed	