

PORTLAND DIALECTICAL BEHAVIOR THERAPY PROGRAM, PC  
5200 SW MACADAM AVENUE, STE 580 PORTLAND, OREGON 97239

PHONE: (503) 231-7854

FAX: (503) 231-8153

CLIENT INFORMATION SHEET

(Please be sure to fill out this form entirely, indicating N/A if not applicable)

Client Name \_\_\_\_\_ DOB \_\_\_\_\_ S.S. # \_\_\_\_\_  
Age \_\_\_\_\_ Gender \_\_\_\_\_ Relationship Status \_\_\_\_\_ Sexual Orientation \_\_\_\_\_ Military Status \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Can we leave a message? \_\_\_\_\_ yes \_\_\_\_\_ no  
Email Address \_\_\_\_\_ Preferred contact method \_\_\_\_\_ phone \_\_\_\_\_ email

Job Title \_\_\_\_\_ Employer \_\_\_\_\_  
Work Address \_\_\_\_\_  
Work Phone \_\_\_\_\_ Can we leave a message? \_\_\_\_\_ yes \_\_\_\_\_ no

Students: Grade \_\_\_\_\_ School \_\_\_\_\_ School Counselor \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Primary Physician \_\_\_\_\_ Date of last visit \_\_\_\_\_  No Primary Physician  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Medical/Dental Provider Name and Contact Number(s): \_\_\_\_\_

Psychiatric Prescriber \_\_\_\_\_ Date of last visit \_\_\_\_\_  No Psychiatric Prescriber  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Who referred you to this office? \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Reasons for referral? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

**If child or teen:**

Legal Guardian Name \_\_\_\_\_ DOB \_\_\_\_\_ S.S. # \_\_\_\_\_  
Relationship to client: Parent \_\_\_\_\_ Other \_\_\_\_\_ (check one) If other, specify relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

Client or authorized person's signature: I authorize the Portland DBT Program to make contact with the referral source and my physician for purposes of treatment planning and coordination of care.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date