

# LISA K. SCHKLOVEN, LCSW-C, LLC

3635 OLD COURT ROAD STE 305 PIKESVILLE, MD 21208

PHONE: 443-898-8357 FAX: 443-327-4753

## CLIENT INFORMATION & REGISTRATION FORM

|  |         |   |                                     |
|--|---------|---|-------------------------------------|
| Name:  |         | Referred by:  |                                     |
| Street   |         |   |                                     |
| City:  |         | State:  | Zip:                                |
| Phone (H)  | (W)     | (C)   | Other                               |
| Date of Birth:   |         | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | SSN#                                |
| Email:   |         | Religion:   | Ethnicity:                          |
| Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Significant Other <input type="checkbox"/> Other |         |   |                                     |
| Relationship to Policy Holder: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Significant Other <input type="checkbox"/> Other  |         |   |                                     |
| <b>EMPLOYMENT STATUS:</b> <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Unemployed  |         |   |                                     |
| <i>If you are currently employed, please answer the following:</i>   |         |   |                                     |
| Employer & Address:  |         |   |                                     |
| Phone Number:  |         | What days/hours do your work?   |                                     |
| Current Position Held:   |         |   | Number of Years With This Employer: |
| <b>HIGHEST LEVEL OF EDUCATION COMPLETED:</b> <input type="checkbox"/> High School <i>year graduated</i> _____ <input type="checkbox"/> G.E.D. <i>year obtained</i> _____   |         |   |                                     |
| <input type="checkbox"/> Some College <i>years attended and why did you stop?</i> _____  |         |   |                                     |
| <input type="checkbox"/> A.A. Degree _____ <input type="checkbox"/> Bachelor's Degree _____  |         |   |                                     |
| <input type="checkbox"/> Master's Degree _____ <input type="checkbox"/> Ph.D. _____  |         |   |                                     |
| Vocational/Trade Certification <i>please list</i> _____  |         |   |                                     |
| <b>SCHOOL STATUS:</b> Are you currently enrolled in further education? <input type="checkbox"/> Yes <input type="checkbox"/> No  |         |   |                                     |
| <i>If you are currently a student, please answer the following:</i>  |         |   |                                     |
| I am enrolled: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time   |         |   |                                     |
| School:  |         |   |                                     |
| Area of Study/Degree Being Sought:   |         |   | Current Year of Study:              |
| <b>FAMILY MEMBERS' NAMES:</b>  |         |   |                                     |
| Name:  | Gender: | Relationship:   | DOB:                                |
|  |         |   |                                     |
|  |         |   |                                     |
|  |         |   |                                     |
|  |         |   |                                     |
|  |         |   |                                     |
|  |         |   |                                     |
|  |         |   |                                     |
|  |         |   |                                     |
| <b>EMERGENCY CONTACTS:</b>   |         | Relationship:   | Phone Number:                       |
| Name:  |         |   |                                     |
| Name:  |         |   |                                     |

Are you seeking services related to:   ☐ Employment   ☐ Accident on the Job   ☐ Other Accident   ☐ N/A

*If you answered yes to the above, please provide a brief description, including dates and any treatment received:*

**WHAT IS YOUR REASON FOR SEEKING TREATMENT AT THIS TIME?**

**WHAT ARE YOUR GOALS FOR TREATMENT?**