Mark Zentner, Ph.D. Licensed Psychologist 8701 Shoal Creek #403 Austin, TX 78757 515-965-9895

Confidential Client Information

	Date:		
Name:			
Street Address:			
City/State/ZIP:			
Home Phone:	Cell phone:		
Occupation:	Employer:		
Gender: Date of Birth:	Age: Relationship Status:		
Ethnic/Racial Background:			
Insurance Company:	Group/Policy Number:		
Name of physician:			
for seeking treatment at that time, when treat whether or not you felt is was helpful:	al health treatment, please describe reason(s) atment began, duration of treatment, and		
Describe any current health concerns:			
List medications you currently take:			
Please briefly describe the concern(s) which	n led you to begin therapy at this time:		

	Self-esteem, self-confidence Anxiety, nervousness, fears Depression Sexual concerns Angry, hostile feelings Traumatic experiences Aggression toward others Suicidal thoughts/behaviors Stress Self-control issues Health problems Discrimination related to ider Exploration of aspects of ider Other:		Family conflicts or pressures Friendship concerns Relationship/marital concerns Shyness, being assertive Loneliness Procrastination or motivation Eating or appetite problems Alcohol or drug use issues Sleep problems Parent-child problems Work/career concerns Grief/loss concerns	
	members of your immediate far, children) and others who are	• ,		
Name	Relationship	Age	Occupation	Deceased?

Please check any of the following items which concern you: