

Mark Zentner, Ph.D.  
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**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: \_\_\_\_\_

If you have previously participated in mental health treatment, please describe reason(s) for seeking treatment at that time, when treatment began, duration of treatment, and whether or not you felt it was helpful: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe any current health concerns: \_\_\_\_\_

\_\_\_\_\_

List medications you currently take:

\_\_\_\_\_

Please briefly describe the concern(s) which led you to begin therapy at this time:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

