

**Arizona Psychology Consultants, Inc.**

***Raymond Branton, PsyD  
Licensed Clinical Psychologist***

**Client Information:**

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Employed by: \_\_\_\_\_  
Marital Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_  
Separated \_\_\_\_\_ Widowed \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
S.S.#: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Responsible Party Information:**

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Employed by: \_\_\_\_\_  
Email: \_\_\_\_\_ **Spouse**

Date of Birth: \_\_\_\_\_  
S.S.#: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

**Information:**

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Employed by: \_\_\_\_\_  
Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
S.S.#: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

**Children: (Name and Birthdate)**

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

**Referred by:** \_\_\_\_\_

Name & Contact Information

Check box if we may contact the referral source with a letter of appreciation.

**Previous counseling experience:** \_\_\_\_\_

**What do you hope to gain from therapy?** \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_