



Murray Counseling, PLLC  
5798 Blackshire Path  
Inver Grove Heights, MN 55076  
651-245-9484

### CLIENT INFORMATION

Full Legal Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Is it acceptable to leave a message at  
this phone number?  Yes  No

Cell Phone: \_\_\_\_\_ Is it acceptable to leave a message at  
this phone number?  Yes  No

Email Address: \_\_\_\_\_

Is it acceptable to contact you at this email?  Yes  No

Do you prefer appointment reminders to come in the form of emails or  
phone calls?  Emails  Phone Calls  Either

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of birth \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Is it acceptable to leave a message  
at Emergency contact's phone numbers?  Yes  No

Payment Source:  Private pay  Insurance

Insurance: \_\_\_\_\_

Primary Policy Holder \_\_\_\_\_

Policy holder's date of birth \_\_\_\_\_

Policy Holder's Place of  
employment \_\_\_\_\_

ID number \_\_\_\_\_

What is your copay? \_\_\_\_\_

How did you hear about these services? \_\_\_\_\_

\_\_\_\_\_

In general, what are your reasons for seeking therapy now?

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Any additional information you would like me to know?

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