

**Client Information Record**  
**Creative Recovery**

Today's Date: \_\_\_\_\_

Client's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

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

Telephone: (C) \_\_\_\_\_

(H) \_\_\_\_\_

(W) \_\_\_\_\_

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

Marital Status: (circle one) S M D W Living Together

**Occupation:** \_\_\_\_\_ How Long: \_\_\_\_\_

Employer: \_\_\_\_\_

**Education:**

HS Degree: \_\_\_\_\_ College Degree: \_\_\_\_\_ Post Graduate Degree: \_\_\_\_\_

**Primary Care Physician:**

Telephone: \_\_\_\_\_

**Responsible Party** (if other than self):

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

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

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

Telephone: (C) \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_

**In case of Emergency Contact:**

Name: \_\_\_\_\_ Relationship:

\_\_\_\_\_  
Telephone: \_\_\_\_\_

N. Bortz, 2021