

Dawn M. Roy, LCSW
Therapist

203-331-7458
540 Tunxis Hill Road
Fairfield, CT 06825

Client Name: _____

Client D.O.B. _____

Client Address: _____

Occupation: _____

Employer/School: _____

Home Phone: _____

Marital Status: _____

Work Phone: _____

Spouse's Name: _____

Cell Phone: _____

Children's names and DOB: _____

If applicable: Current psychiatrist name and phone number: _____

Current medication and dosage: _____

Other professionals involved: (lawyers, doctors, therapists, school personnel, probation officers): _____

Please name two people who may be contacted in the case of an emergency:

1) Name/relationship/phone: _____ 2) Name/relationship/phone: _____