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Name _____ Date _____

Address _____ Referred By _____

_____ Emergency Contact _____

Home Phone _____ Phone _____

Cell Phone _____ Marital Status _____

Driver's Lic. No. _____ Military Branch _____

Birthdate _____ Discharge Year _____

Highest School Grade Completed _____

SELF

SPOUSE

Occupation _____ Occupation _____

Employer _____ Employer _____

Insurance Co. _____ Insurance Co _____

Policy No. _____ Policy No. _____

Group _____ Group _____

Physician _____ Physician _____

Phone _____ Phone _____

Attorney _____ Attorney _____

Next of Kin _____ Address _____ Phone _____

OTHERS RESIDING WITH YOU

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Counselor _____