10 West Madison Street #11
Baltimore, MD 21201

Complete Wellness
Complete healing for mind and body.

Phone: (443) 438-7863
Fax: (443) 957-9485

CLIENT INFORMATION SHEET

Date: _____

First Name	Middle Name	Last Name	Social Security - -
Address			Date of Birth / / Age
City		State	Zip
Cell Phone	Home Phone	Email Address	

Emergency Contact/ Responsible Party

First Name	Middle Name	Last Name	Relationship
Address			Phone
City		State	Zip

Do you authorize Complete Wellness to call, text, and email regarding scheduling and appointment reminders? ❑ Yes ❑ No

How did you hear about us? (check all that apply)

❑ CompleteW.com ❑ Outpatient Clinic ❑ Returning Patient ❑ Other_____
❑ Psychology Today ❑ Hospital ❑ Insurance Provider
❑ Web Search ❑ Physician ❑ Friend

What services are you interested in receiving at Complete Wellness? (check all that apply)

❑ Medication Management ❑ Psychological Testing ❑ Fitness for Duty
❑ Acupuncture ❑ Bariatric Evaluation ❑ Social Anxiety Group
❑ Individual Psychotherapy ❑ Forensic Evaluation ❑ Men's Process Group
❑ Couples Psychotherapy

Employer

Company	Position	Contact Phone Number

Insurance – Behavioral Health

Insurance Name: _____ Provider Service Phone Number: _____

Policy #: _____ Group #: _____

Primary Care Physician

Physician Name Address

City State Zip Phone

When was your last visit to your Primary Care Physician? _____

Please list any medications you are currently taking? _____

Please list any severe allergies. _____

Do you have any of the following?
❑Insulin Dependent Diabetes ❑Epilepsy ❑Heart Condition ❑Pace Maker

Race *(check all that apply)* ❑Asian ❑Native American/Alaskan Native ❑White ❑Black/African American ❑Native Hawaiian/Other Pacific Islander

Ethnicity *(check one)* ❑Hispanic/Latinx ❑ Non-Hispanic/Non-Latinx

Are you a hurricane victim? ❑No ❑Yes

Marital status *(check one)* ❑Never Married ❑Married ❑Separated ❑Divorced ❑Widowed

Living situation *(check one)* ❑Crisis Residence ❑Foster Care ❑Homeless shelter ❑Institutional Setting ❑Jail/Correctional Facility ❑Private Residence ❑Residential Care ❑Other

Employment status *(check one)* ❑Full/Part time employed ❑Full/Part time student ❑Not seeking employment ❑Unemployed – Disabled ❑Retired ❑Unemployed/Seeking employment

Are you a veteran? ❑No ❑Yes If yes, of which war(s)? _____

Highest level of education completed? _____

How many arrests within past 30 days? _____

What is your primary language? _____

Do you speak any other language? ❑No ❑Yes If "Yes" which language(s)? _____

Do you have any difficulty hearing? ❑No ❑Yes

Do you have any difficulty seeing? ❑No ❑Yes

Are you pregnant? ❑No ❑Yes