

NEW CLIENT FORM

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(971) 222-8166

Date: _____

Name (First, Middle Initial, Last): _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work:** _____ **Cell:** _____

Is it okay to leave a message at any of the above numbers? Y / N Which? _____

Email: _____

Date of Birth: _____ **Sex:** Male / Female

Marital Status: _____

Employment / Student Status: _____

Referred By: _____