James M. Blue, Ph.D., Licensed Psychologist
Phone: 817-500-4188 Fax: 888-325-6114

CLIENT PROFILE

Date Prepared: _____

Name(s): _____

Date of Birth: _____

Company/Organization: _____

Mailing Address: _____

City/State: _____Zip: _____

Day Phone: _____ Cell Phone: _____

Eve Phone: _____ Fax Line: _____

E-mail Address _____

May we leave a message: Voicemail _____ Text: _____ Email: _____

Home Address: _____
(if different from above)

City/State: _____Zip: _____

Emergency Contact: _____

Relationship: _____ Phone: _____

IMPORTANT NOTE: Your signature below indicates that you have read the information in the **Therapy Agreement** and agree to abide by its terms during our therapy relationship.

Client(s): _____Date: _____

Legal Guardian (If client is a minor):_____

Therapist: _____ Date: _____