

## Tom Wolfe Olschner, Ph.D.

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### CLIENT INFORMATION

Name: \_\_\_\_\_ Today's date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Email address: \_\_\_\_\_

Telephone Numbers Cell: \_\_\_\_\_ W: \_\_\_\_\_  
Home: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Marital Status (Please circle one): single, married, co-habiting, separated, divorced, widowed

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Name of partner: \_\_\_\_\_ Occupation: \_\_\_\_\_

Partner's employer: \_\_\_\_\_ Partner's date of birth: \_\_\_\_\_

Partner's email address: \_\_\_\_\_

Partner's cell phone: \_\_\_\_\_ Partner's work phone: \_\_\_\_\_

Family members:

Name	Age	Relation	Live with you?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Previous psychotherapy? Yes/No If Yes, therapist's name: \_\_\_\_\_

How did you hear about me?  online

someone I know (name: \_\_\_\_\_)  other: \_\_\_\_\_

Please check to receive my newsletter via email (a brief "Intimacy Idea")

State in your own words the nature of your chief complaint: \_\_\_\_\_