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New Client Information Form

Date: _____

Name of Client: _____

DOB: _____ Age: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (h): _____ (c): _____ (w): _____

Email(s): _____

School (if applicable): _____

Grade: _____ School contact and number: _____

RESPONSIBLE PARTY: (Billing statements will be sent to this person) Same as above
or:

Name: _____ Relation to client: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone:(h): _____ (c): _____ (w): _____

Email Address: _____

REFERRED BY: _____ **Contact number:** _____