
**RANDI HERMAN-ROGGEMAN, MC
LICENSED PROFESSIONAL COUNSELOR
NATIONAL CERTIFIED COUNSELOR
REGISTERED PLAY THERAPIST & SUPERVISOR**

CLIENT FACE SHEET

Name _____ Date of Birth _____

Address _____ Phone _____

City & Zip _____ Marital Status _____

Who referred you? _____

EMERGENCY CONTACT INFORMATION

Name _____ Phone _____

Address _____ Relationship _____

MEDICAL INFORMATION

Primary Care Physician _____ Phone _____

Medications _____

Psychiatrist _____ Phone _____

INSURANCE INFORMATION

Insurance Company _____ Phone _____

ID # _____ HMO _____ or PPO _____

EMPLOYMENT INFORMATION

Employer _____ Phone _____

Client Signature

Date