Elizabeth López-Cardona 5413-E Backlick Road, Springfield, VA 22151
LPC, LMFT, LLC. Phone: 703-520-1070 Fax: 703-333-2016

Client Information

Today's date: _____

Client's Name: _____ Date of Birth:_____

Age:_____Social Security #: _____

Address:_____City:_____State/Zip:_____

Gender: _____ Race/Ethnicity:_____Marital Status: _____

Home Phone:_____Work Phone_____

Cell Phone:_____Email:_____

Employer or School:_____How long have you work there?_____

Highest level of education attained?_____

Mother's Name (if client is a minor):_____

Address:_____City:_____State/Zip:_____

Home Phone:_____Work Phone_____

Cell Phone:_____Email:_____

Father's Name (if client is a minor):_____

Address:_____City:_____State/Zip:_____

Home Phone:_____Work Phone_____

Cell Phone:_____Email:_____

How did fiind out about this practice?_____
May we thank them for the referra? Yes _____ No_____

Have you seen a therapist before? Yes___ No___ When and who did you see?_____

Primary Doctor's Name:_____Phone:_____

Current Medications:_____

Allergies:_____

Emergency Contact:_____Relationship:_____

Address and Phone #:_____