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Confidential Client Information

Name: _____ Date: _____

Address: _____

City / State / Zip: _____

Phone: () _____ () _____ () _____
Cell Work Home

Please circle the number(s) above where I may leave a message if unable to reach you directly.

Gender: _____ Date of Birth: _____ Age: _____ Marital Status: _____

Ethnic Background: _____

Occupation: _____ Employer: _____

Name of emergency contact: _____

Relationship: _____ Phone: () _____

Address / City / State / Zip: _____

Referred by: _____ Phone: _____

May I thank your referral source? (circle) Yes No

I find group therapy to be extremely helpful for a wide variety of issues. Do you have any
interest in group therapy? (circle) Yes No Maybe