



Joe Puentes, Psy.D.
Licensed Psychologist, PSY 25330

Client Information Form (Adult)

Your Name: _____

Date of Birth: _____ Age: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Preferred Contact Phone # : _____

Preferred Contact Email Address: _____

Referred by : _____

Medical Care Information:

Physician: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Current Medications (if any) : _____

Emergency Contact Information:

Contact Name: _____ Relationship: _____

Preferred Contact Phone #: _____

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