



**ALISON C. SMITH, PH.D.**  
**LICENSED CLINICAL PSYCHOLOGIST**

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**NEW CLIENT FORM**

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(First) (Middle Initial) (Last)

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female  Trans  Other \_\_\_\_\_

Marital Status:  Never Married  Partnered  Married  Separated  Divorced  Widowed

Race/Ethnicity (circle any that apply): American Indian/Alaskan Native Asian Black/African American  
Hispanic/Latino Hawaiian/Pacific Islander White Other

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: Home \_\_\_\_\_  Work \_\_\_\_\_  Cell \_\_\_\_\_

Please check the box to indicate that is all right to leave a message at this number.

Email Address(es): \_\_\_\_\_

What is the *most* effective way to get in contact with you regarding scheduling issues (circle one):

Home Phone Cell Phone Work Phone Email Other: \_\_\_\_\_

**Security Question:** It is helpful for me to have a security question and answer on record so that I can encrypt any information or communication I need to send to you. Please answer one of the following:

What was the last name of your 2<sup>nd</sup> grade teacher? \_\_\_\_\_

In which town/city did you live in on New Year's Day, 2000? \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

How did you identify me as a provider?:  BC/BS Listing  Psychology Today  My Web Site  Google Link

Other (please specify): \_\_\_\_\_

If referred, please name referral source: \_\_\_\_\_  
\_\_\_\_\_