



Soonie A. Kim, Ph.D.

6420 SW Macadam Ave. Ste. 390
Portland, OR 97239

Phone: 503-449-6707
FAX: 844-965-9260

Client Information Sheet

Client Name _____ DOB _____ S.S. # _____
Age _____ Gender _____ Marital Status _____ Ethnicity _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ Can we leave a message? __ Yes __ No
Email Address _____ Preferred contact method: Phone __ Email __

Employer _____ Job Title _____
Address _____ Phone _____

Students: Grade/Level _____ School _____
Address _____ Phone _____

Primary Physician _____ Date of last visit _____ ☐ No Primary Physician
Address _____ Phone _____

Psychiatric Prescriber _____ Date of last visit _____ ☐ No Psychiatric Prescriber
Address _____ Phone _____

Emergency Contact _____ Relationship _____
Address _____ Phone _____

Who referred you to this office? _____
Address _____ Phone _____

Reasons for referral?

Client or authorized person's signature: I authorize Dr. Kim to make contact with the referral source, my physician and my prescriber, for purposes of treatment planning and coordination of care.

Signature

Date

Printed Name