

**MARKRUTHERFORD, LCSW**  
LICENSED CLINICAL PSYCHOTHERAPIST

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**CLIENT INFORMATION**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_