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**Virtual Clinical Consultation**

***Client Information Form***

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

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

\_\_\_\_\_  
\_\_\_\_\_

**Telephone: Home** \_\_\_\_\_

**Telephone: Cell:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Emergency Contact:** Please provide the name, relationship, telephone number, and e-mail address of an emergency contact for you.

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

**Relationship (e.g. Spouse):** \_\_\_\_\_

**Telephone: Cell:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**1. Briefly, please tell me who you have lost, their name, and when and how they died**

**2. What have been the most difficult problems you have faced since your loved one died?**

**3. Please tell me why you are seeking a Clinical Consultation at this time and what you hope to get from the Clinical Consultation?**

**4. What additional information about you, your situation, or your loss should I know?**