

**Information**

**Tanya R. Grubaugh, LCSW#65783**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First MI Month/Day/Year

Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Street City Zip

Age and birthdate \_\_\_\_\_ Years of school/degrees \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Religious preference \_\_\_\_\_

Marital status (check one):  single  married  divorced  separated

If married, number of years: \_\_\_\_\_ Currently living (check one):  alone  with others

Employer: \_\_\_\_\_ How long? \_\_\_\_\_

Job title: \_\_\_\_\_ Work phone: \_\_\_\_\_

Work address: \_\_\_\_\_  
Street City Zip

Military experience (check one):  None  Veteran  Active Duty \_\_\_\_\_

Referred to this office by: \_\_\_\_\_

Spouse's name: \_\_\_\_\_ Age and birthdate \_\_\_\_\_

Address (if different): \_\_\_\_\_  
Street City Zip

Spouse's phone: \_\_\_\_\_ Spouse's religious preference \_\_\_\_\_

Spouse's employer: \_\_\_\_\_ How long? \_\_\_\_\_ Yrs. of school/degrees \_\_\_\_\_

Spouse's job title: \_\_\_\_\_ Spouse's work phone \_\_\_\_\_

Spouse's employer address: \_\_\_\_\_  
Street City Zip

Children's names, ages and schools: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMERGENCY CONTACT: Name \_\_\_\_\_ Phone: \_\_\_\_\_

**Tanya Grubaugh, LCSW#64783**  
**11344 Coloma Rd., Suite 250**  
**Gold River, CA 95670**  
**530-295-7006**