

Client Information Form

Today's Date _____

Name _____
(First) (Middle) (Last) (Jr. Sr. etc.)

Name Preference/Nickname _____

Address _____

City _____ State _____ Zip _____

Phone Numbers: Mobile _____ Home _____ Work _____

Please circle where I may call you regarding counseling: Mobile Home Work

Please circle where I may leave messages regarding counseling: Mobile Home Work

Email Address _____

May I contact you about counseling via email? Please circle: Yes No

Birth Date _____ Age _____ Gender _____

Race/Ethnicity _____

Relationship Status _____

Name of spouse or partner (if applicable) _____

Name of parent or guardian (if applicable) _____

Employer (or School, if student) _____

Job Title (Grade) _____

How did you learn about my counseling services? _____

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Person to Contact in Case of An Emergency:

Name	Relationship	Phone
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***Please let me know if your information changes so that I can keep this form up to date.**

Signature _____

Date _____

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