

Client Information Form

Full Name _____ Name You Prefer to be Called _____

Age _____ Date of Birth _____

Address _____

Home Phone (_____) _____

Okay to leave message? Yes / No

Work Phone (_____) _____

Okay to leave message? Yes / No

Cell Phone (_____) _____

Okay to leave message? Yes / No

Alternative Phone (_____) _____

Okay to leave message? Yes / No

Email : _____

Okay to email? Yes / No

Requesting: ___ individual therapy ___ couples therapy ___ group therapy

Who referred you? _____ May I thank them? ___ yes ___ no

Emergency Contact: Name _____

Address _____

Phone (_____) _____

Relationship to You _____

May I contact this person in the event of a clinical or nonclinical emergency? ___ yes ___ no

Client Signature

Date