



CLIENT INFORMATION FORM

Client Information

Client Name _____ Client DOB _____ Age _____ Sex _____

Marital Status _____ Legal Guardian(s) _____

If the client is a minor, please provide school & grade attending _____

If the client is a minor and the guardians are divorced, please provide a copy of the divorce decree.

Client Status Employed F/T Student P/T Student Work at Home

Address _____

City _____ State _____ Zip _____

Home Phone _____ Alternate Phone _____

Is it okay to leave messages? Yes No If not, please specify _____

Email address _____

I acknowledge emails are not confidential (initial) _____

Emergency Contact

Name _____ Relationship _____

Phone _____ Alternate Phone _____

How did you get referred? _____

Are you under the care of a physician or psychiatrist? Yes No

If yes, provide their contact information below

Name _____ Phone Number _____

Please list any conditions, diagnoses, and/or medication(s) _____

Please list any children or significant family members and their ages

Additional Comments / Special Circumstances

Client Name

Client Signature/Legal Guardian

Date