



## CLIENT INFORMATION FORM

**Client Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Home Address (with zip code):** \_\_\_\_\_  
\_\_\_\_\_

## CONTACT INFORMATION

**Main Phone:** \_\_\_\_\_  Home  Cell  Work

**Alternate Phone:** \_\_\_\_\_  Home  Cell  Work

Is it okay to leave a message?  Yes  No

**Email Address:** (Please complete if you would like to receive invoices and appointment reminders by email)

\_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Who should we contact in the event of an emergency?

Name	Phone:	Relationship to Client
_____	_____	_____

## FAMILY INFORMATION

Please complete the following section if your child is the client, or if you are participating in couples or family therapy.

**1. Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Phone:** \_\_\_\_\_  Home  Cell  Work

**Relationship to the Client:**  Spouse  Parent  Child  Sibling  Other: \_\_\_\_\_

2. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_  Home  Cell  Work

Relationship to the Client:  Spouse  Parent  Child  Sibling  Other: \_\_\_\_\_

3. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_  Home  Cell  Work

Relationship to the Client:  Spouse  Parent  Child  Sibling  Other: \_\_\_\_\_

4. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_  Home  Cell  Work

Relationship to the Client:  Spouse  Parent  Child  Sibling  Other: \_\_\_\_\_

**Please tell who else lives in the client's home (but may not be participating in therapy):**

Name:	Relationship to Client:	Date of Birth:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____