

## Client Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell: \_\_\_\_\_

\_\_\_\_\_

Alt Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Is it OK to contact you via (circle your answer):

Phone: yes no    Text: yes no    Email: yes no    Mail: yes no

Is it OK to leave a message on your (circle your answer)

Cell: yes no    Alt. Phone: yes no    Date of Birth: \_\_\_\_\_

Reason for seeking therapy: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

*For couples and families, please have all people attending therapy who are 18 or older fill out their client information and sign all paperwork.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell: \_\_\_\_\_

\_\_\_\_\_

Alt Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Is it OK to contact you via (circle your answer):

Phone: yes no    Text: yes no    Email: yes no    Mail: yes no

Is it OK to leave a message on your (circle your answer)

Cell: yes no    Alt. Phone: yes no    Date of Birth: \_\_\_\_\_

