



I. CLIENT INFORMATION (if in couples counseling, one person's information in section I and one person's info in section II)

This information is for internal use only and is intended to establish a complete and confidential portfolio for each client. **Please print clearly** and provide all of the requested information on both sides of the form.

Client's Full Name _____

Client's Date of Birth _____ Age _____ Gender _____ Email _____

Client's Address _____

City _____ State _____ Zip _____

Home: () _____ Work: () _____ Cell: () _____

May we leave a voice mail message at: Home Yes No Work Yes No Cell Yes No

Employer _____ Marital status: _____

Name of Home Church (if applicable): _____

Emergency Contact: _____ () _____

Name

Relationship

Telephone

**II. This section to be filled out with CAREGIVER information if the client is a minor or filled out by other person if in couples counseling
(Leave blank if in individual counseling)**

Name _____ Relation to client _____

Date of Birth _____ Age _____ Gender _____ Email _____

Address _____

City _____ State _____ Zip _____

Home: () _____ Work: () _____ Cell: () _____

May we leave a voice mail message at: Home Yes No Work Yes No Cell Yes No

Employer _____ Marital status: _____

If client is under 18, both parents full names: _____

III. PAYMENT INFORMATION

I understand that I am responsible for the full payment of all fees and that payment (cash, check, or credit card) is expected at the time services are rendered.

NOTES:

- Appointments not cancelled 24 hours in advance can be charged a \$50 fee for 50 minute appointment and \$85 for 75 minute appointments.
- I understand that when a portion of my fees are to be paid by another party, I am ultimately responsible for full payment of fees.
- **I have been given the Health Insurance Accountability and Portability Act notice of privacy practices and have had the chance to have questions answered.**

Signature of Client

Date

Signature of Client *(second person if in couples counseling)*

Date

If the client is under 18:

Signature of Parent or Legal Guardian

Date