



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 is expected at the time services are rendered.

Appointments not cancelled 24 hours in advance can be charged the full rate for the missed session.

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