



**Client Screening Form**

**PLEASE SEND COPY OF DRIVERS LICENSE OR STATE ISSUED ID CARD FOR IDENTITY VERIFICATION PURPOSES**

Full Legal Name

\_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_

Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ Age \_\_\_\_\_

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

Cell \_\_\_\_\_

Ethnicity or Race: \_\_\_\_\_

Spiritual or Religious Background:

\_\_\_\_\_

Current Employer Name:

\_\_\_\_\_

Current Job Title

\_\_\_\_\_

Years/Months at current job:

\_\_\_\_\_

Are you involved in ANY court or legal matters including the Department of Children and Family Services (DCF) or anticipate legal matters coming up? If so, please explain \_\_\_\_\_

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Previous counseling experience? YES OR NO **(please circle)**

Are you experiencing suicidal or homicidal thoughts? YES OR NO **(If you answered yes, please explain)**

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**Emergency Contact:**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_ Email \_\_\_\_\_

How did you find, or hear about us? **(please circle one)**

- Therapy for Black Girls Directory
- Psychology Today Directory
- Google Search
- Instagram
- Facebook
- Referral from a person (If yes, what is there name)

\_\_\_\_\_

- Other (please explain) \_\_\_\_\_