

FINDING PEACE COUNSELING, LLC

CLIENT INFORMATION SHEET

CLIENT INFORMATION

Client Name: _____
Last First Middle

Home Address: _____
Street City State Zip Code

Home Phone: _____ Cell Phone: _____ Work Phone: _____

May we leave a voice message? Yes No May we send a reminder text message? Yes No

Email: _____

SSN: _____ Birthdate: _____

Employer / School & Grade: _____

PARENT/GUARDIAN 1 INFORMATION:

Parent/Guardian Name: _____
Last First Middle

Home Address: _____
Street City State Zip Code

Home Phone: _____ Cell Phone: _____ Work Phone: _____

May we leave a voice message? Yes No May we send a reminder text message? Yes No

Email: _____

SSN: _____ Birthdate: _____

Employer / School: _____

FINDING PEACE COUNSELING, LLC

PARENT/GUARDIAN 2 INFORMATION:

Parent/Guardian Name: _____
Last First Middle

Home Address: _____
Street City State Zip Code

Home Phone: _____ Cell Phone: _____ Work Phone: _____

May we leave a voice message? Yes No May we send a reminder text message? Yes No

Email: _____

SSN: _____ Birthdate: _____

Employer / School: _____

EMERGENCY CONTACT

Name: _____
Last First Middle

Relationship to Client: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

May we contact in the event of an emergency? (please initial) Yes _____ No _____

What information may we share with your emergency contact? (please initial all that apply)

_____ Scheduling Information _____ Billing Information _____ Diagnosis
_____ Session Notes _____ Other: _____

REFERRAL SOURCE

How did you hear about us? _____