



### New Client Information

Today's Date: \_\_\_\_\_

**Client Name (First, MI, Last):** \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female  Other \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_  Home  Cell  Work \*\*Is it okay to leave a msg for you?  Yes  No

Email: \_\_\_\_\_ Is it okay to email you?  Yes  No

**Additional Client Name (First, MI, Last):** \_\_\_\_\_

*(Spouse/partner/family member/etc.)*

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female  Other \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_  Home  Cell  Work \*\*Is it okay to leave a msg for you?  Yes  No

Email: \_\_\_\_\_ Is it okay to email you?  Yes  No

#### Emergency Contact Information (Please Provide at Least One for Client(s) Above)

Name: \_\_\_\_\_ Relationship to Client(s): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ City of Residence: \_\_\_\_\_

#### Relationship Status Regarding Client(s) Above (check all that apply):

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Single    | <input type="checkbox"/> Living Together |
| <input type="checkbox"/> Married   | <input type="checkbox"/> Dating          |
| <input type="checkbox"/> Divorced  | <input type="checkbox"/> Other: _____    |
| <input type="checkbox"/> Separated |  |



**\*If a client is a minor, please fill out the following information regarding the parents/guardians/caregivers\***

Person with Relationship to the minor:  Parent  Guardian  Other: \_\_\_\_\_

Parent/Guardian/Caregiver Name: \_\_\_\_\_

Address (if different from client): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_  Home  Cell  Work \*\*Is it okay to leave a msg for you?  Yes  No

Email: \_\_\_\_\_ Is it okay to email you?  Yes  No

Parent's marital status:  Married  Divorced  Separated  Other: \_\_\_\_\_

If divorced or separated, is either parent in a new marriage/domestic partnership?  Yes  No

If divorced or separated, what is the custody arrangement?  
\_\_\_\_\_

**\*\*Please provide a copy of any custody agreement to your therapist at the first appointment.**

Additional Person with Relationship to the minor:  Parent  Guardian  Other: \_\_\_\_\_

Parent/Guardian/Caregiver Name: \_\_\_\_\_

Address (if different from client): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_  Home  Cell  Work \*\*Is it okay to leave a msg for you?  Yes  No

Email: \_\_\_\_\_ Is it okay to email you?  Yes  No

Parent's marital status:  Married  Divorced  Separated  Other: \_\_\_\_\_

If divorced or separated, is either parent in a new marriage/domestic partnership?  Yes  No

If divorced or separated, what is the custody arrangement?  
\_\_\_\_\_

**\*\*Please provide a copy of any custody agreement to your therapist at the first appointment.**