

# ***JAMESHUNTERFITNESS***

**Professional Counseling, Lifestyle Coaching, Personal Training & Fitness Programs**

- \* Educational Presentations \* Individualized Wellness Programs**
- \* Cognitive & Behavioral Psychotherapy \* Solution Focused Counseling**
- \* All Program Services are developed based on individual needs and goals**

## CLIENT DEMOGRAPHIC INFORMATION:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### ADDRESS:

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone Contact Number: \_\_\_\_\_

Alternative contact Phone Number i.e. work, house, cell Ect. \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Emergency Contact's Phone number: \_\_\_\_\_

By Signing Below you consent to your listed emergency contact being contacted only in the event of a serious emergency. Separate consent forms may be filled out accordingly for other specific types of releases of information.

Client Name Printed: \_\_\_\_\_

Client Names Signed: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_