Megan Lukany, LCSW
Client Information Form

Today's Date: _____

Client's Name: _____

Parent/Guardian (for clients 18 and younger) _____

Date of Birth: _____ Age: _____ Sex: ☐ Female ☐ Male

Address: _____ Apartment: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell: _____ E-mail Address: _____

Okay to leave messages on(check all that apply): ☐ Home Phone ☐ Cell Phone ☐ Work Phone ☐ E-mail

Company Name: _____ Occupation: _____

Company Address: _____

City: _____ Zip: _____ Phone: _____

Emergency Contact information Section

1st Emergency call: _____ Relationship: _____

Address: _____ Apartment: _____

City: _____ Zip: _____ Home Phone: _____

Cell: _____ Work Phone: _____

Okay to leave messages on(check all that apply): ☐ Home Phone ☐ Cell Phone ☐ Work Phone ☐ E-mail

2nd Emergency call: _____ Relationship: _____

Address: _____ Apartment: _____

City: _____ Zip: _____ Home Phone: _____

Cell: _____ Work Phone: _____

Okay to leave messages on(check all that apply): ☐ Home Phone ☐ Cell Phone ☐ Work Phone ☐ E-mail

_____ _____

Signature Date