RelationQuest Counseling
CLIENT INFORMATION FORM

Today's Date: _____/_____/_____

Client Name: _____
LAST FIRST MIDDLE

Gender: _____ Age: _____ Birthdate: _____/_____/_____

Address: _____ Apt. # _____

City: _____ State:_____ Zip Code: _____

Email Address: _____

Phone Number: _____

Marital Status: _____

Employment Status: FT / PT / Unemployed / Retired /Student

Emergency Contact: _____

Phone Number: _____

Relationship: _____

If client is a minor:

Mother's Name: _____ Phone Number: _____

Father's Name: _____ Phone Number: _____

Client lives with: Both parents: _____ Mother _____ Father _____ Other _____