

CLIENT INFORMATION FORM

Name:

Preferred Name and Pronouns:

Date of Birth:

Address:

Phone number:

Emergency contact:

Race:

Preferred language:

Marital status:

Employment/Educational status:

By signing below I am agreeing that in the event of an emergency, psychiatric or medical, I am aware that my emergency contact will be utilized. If I do not attend my scheduled session and my therapist cannot make contact with me, I understand that my emergency contact will be notified to confirm my safety/wellbeing. If contact is not made with my emergency contact the therapist will contact my local police department to ensure safety.

Client Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

(if client is under 18 years of age)

Therapist Signature: _____

Date: _____