

WATERFALLS COUNSELING

CLIENT INFORMATION FORM

***** Please Print *****

First Appointment: _____ Today's Date: _____

CLIENT INFORMATION:

Last Name: _____

First Name: _____

Middle Initial: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Home Phone: () _____

Birth Date: _____

Cell Phone: () _____

Sex: Male _____ Female _____

Work Phone: () _____

Social Security #: _____

Ok to leave message at: _____

Marital Status: Single _____ Married _____ Divorced _____ Widowed _____ Other _____

Employer: _____

Student: _____

In the event of an emergency contact: _____

Relationship: _____ at phone number () _____

RESPONSIBLE PARTY PERSONAL INFORMATION (Guarantor):

(Do not complete this section if the Responsible Party information is the same as the client information)

Last Name: _____

First Name: _____

Middle Initial: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: () _____

Birth Date: _____

Cell Phone: () _____

Sex: Male _____ Female _____

Work Phone: () _____

Social Security #: _____

Ok to leave message at: _____

To Be Completed by Counselor : Fee: _____ Diagnosis: _____