



## Client Information Sheet

Name(s) of Client(s): \_\_\_\_\_

Age(s)/D.O.B: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation(s) ( Parental Occupation if client is under 18 years of age):

\_\_\_\_\_

Relevant Phone #'s:

\_\_\_\_\_

(include cell numbers, work numbers, or wherever is easiest to reach you)

Relevant Emails:

\_\_\_\_\_

Describe any confidentiality considerations you would like me to take when using the above contact numbers:

Referred by: \_\_\_\_\_

I often thank referrals for sending you my way.

Is this okay with you? Please circle: YES/NO (Note: This only applies to other providers- not friends or past clients)

### Emergency Contacts

Name of one or more emergency contacts and relationship(s) to you:

\_\_\_\_\_

Phone #'s: \_\_\_\_\_

Signature(s): \_\_\_\_\_

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