



Client Information Sheet

Name(s) of Client(s): _____

Pronouns: _____

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: _____