

Client Information Form

Client's Last Name	Minor Y or N	Client's First Name	Middle Initial	Birth Date (mm/dd/yyyy)
Street Address		City		State
Home Phone # ()		Work Phone # ()	Cell Phone # ()	
If client is a minor, Parent's Last Name		First Name		Is it ok to leave a message at these numbers? <input type="checkbox"/> Yes <input type="checkbox"/> No, please specify
Email Address		Occupation		Employer
Partner/Spouse Last Name		First Name	Age	Phone Contact Numbers – Cell/Work
Are you a returning client? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, previous counselor's name		Type of Therapy Approximate date last seen
Children or Children Other than Client <input type="checkbox"/> Yes <input type="checkbox"/> No		Please provide: NAMES, AGES, GENDER, DATE OF BIRTH, RACE/ETHNICITY		

If applicable, who has legal custody?		If applicable, who has physical custody?	
Last Name of Other Parent/Leg. Guard	First Name	Birth Date (mm/dd/yy)	Age
Street Address	City		State
Home Phone # ()	Work Phone # ()	Cell Phone # ()	Occupation

Where did you hear about Anthropos Counseling?	Who referred you to us?
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Physician's Last Name	First Name	Phone Number ()	
Other treating mental health professional Last Name	First Name	Phone Number ()	
Street Address	City	State	Zip

Emergency Contact's Last Name	First Name		
Street Address	City	State	Zip
Home Phone # ()	Work Phone # ()	Cell Phone # ()	

Office Use Only

Counselor	Type of Counseling	Client Fee

Client Name _____

Client Code _____