



## CLIENT FACE SHEET

Full Legal Name: \_\_\_\_\_ Record Number: \_\_\_\_\_

Preferred Name \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

- Is it acceptable to leave a message at this phone number?  Yes  No

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

- Is it acceptable to use this email address to contact you?  Yes  No

Address / PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

- Is it acceptable to send mail to this address?  Yes  No

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Address / PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Fax: \_\_\_\_\_

Estimated Salary:  Monthly  Annual: \$ \_\_\_\_\_

Name of Spouse / Partner / Significant Other: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address / PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Payment Source:  Private  Victim's Comp  Other: \_\_\_\_\_

How did you hear about these services? \_\_\_\_\_

In general, what are your reasons for seeking therapy now? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_