



CLIENT FACE SHEET

Full Legal Name: _____

Preferred Name _____ Date: _____

Home Phone: _____ Is it acceptable to leave a message at this phone number? Yes No

Cell Phone: _____ Is it acceptable to leave a message at this phone number? Yes No

Email Address: _____

Would you like to receive periodic updates of workshops/trainings from Connexus via email? Yes No

Would you like to receive periodic Mental Health/Healthy Living tips from Connexus via email? 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 Phone: _____ Work Fax: _____

Estimated Salary: Monthly Annual: \$ _____

Intended Payment Source for Counseling: Private Victim's Comp Other: _____

Name of Spouse / Partner / Significant Other: _____

Emergency Contact: _____ Relationship: _____

Address / PO Box: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Work Phone: _____

How did you hear about David/Connexus Counseling?

(For internal use only; your responses will not be shared or disclosed in any way)

Internet Search Engine (If known, search terms: _____)

Therapist Directory Listing (Directory Name: _____)

Referred by former client

Referred by another mental health professional (Name: _____)

Other: _____

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

