



Client Information

Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ (Check one) Cell Home Work Office

Email: _____

Employer/School: _____

Occupation: _____

(Emergency Contact will only be spoken to in the case of a medical or mental health emergency.)

Emergency Contact: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

How did you hear about Core Health Counseling? _____

Client's Signature: _____

Date: _____