McArthur Counseling Center 2016

New Client Information Sheet

Please Print Clearly

CLIENT: **Date**:_____

Legal Name:_____
First **MI** **Last**

Street Address: _____
Street Address CAN NOT be PO Box **City** **State** **Zip**

Mailing Address: _____
City **State** **Zip**

Birth date: _____**M / F** **SSN:** _____--_____--_____

(H) Phone: _____ **(C) Phone:** _____

E-Mail:_____

Employer: _____**Position:**_____

Family / Personal Physician :_____
Physician Address/Phone:_____

Marital Status: Single Married Divorced Separated Widowed

PARENT: (if minor) or SPOUSE (if married)

Name:_____
First **MI** **Last**

Address: _____

Birth date: _____ **SSN:** _____--_____--_____

(H) Phone: _____ **(C) Phone:** _____

Employer: _____ **Position:** _____

For what reason(s) are you seeking counseling at this time? _____

_____

_____

Referred by:_____