

LivelyTherapy

Client Identifying Information –Please provide photo ID

Today's date: _____

Name: _____ Preferred to be called: _____

Street Address: _____

City: _____ State/ZIP: _____

Email: _____ Best Method of Contact: _____

Home Phone: _____ Work/Mobile Phone: _____

May I leave a message at (circle if yes): Home / Mobile / Email

Date of Birth: _____ Age: _____

Emergency Contact (Name/ Relationship / Phone):

Marital Status:

Single Married Separated Divorced Widowed

If a minor, who has legal guardianship/custody: _____

Level of education/field of study: _____ School: _____

Occupation: _____ Employer: _____

Do you desire that your religion/faith/spiritual orientation be included as part of your counseling experience?

How did you find out about me and/or who referred you?

For office use: _____

