



# Client Information

**Client Information** (person being seen in counseling)     It is NOT ok to contact me/us     Do NOT ID

Name \_\_\_\_\_ m / f Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

**Family/ Guardian Information** for clients under age 15 & Family/ Couples Counseling

Name \_\_\_\_\_ m / f Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ m / f Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ m / f Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Emergency Contact** (name) \_\_\_\_\_ (relationship) \_\_\_\_\_ (phone) \_\_\_\_\_

**Session Log**

**Type of Counseling**     Play     Adolescent     Individual     Couples     Family   

Group

Fee Paid	Balance	Client Name/ Notes	Hours

Date	Fee Paid	Balance	Client Name/ Notes	Hours

