Client Information Form

Full Name				
	Alt. Phone			
DOBEmploy	Employer			
Email_				
Is it OK to contact you via (circle your an				
Phone yes no Tex	at yes no			
Email yes no Ma	iil yes no			
Is it OK to leave a message on your (circle	e your answer)			
Cell yes no Alt. Phor	ne yes no			
What brings you to counseling at this time	e?			
Are you currently taking any medication?	Name/dosage			
Are you under the care of a physician? Na	nme			
How would you rate your stress level righ	at now from $1-10$? (10 being the highest)			
Client Signature	Date			