



HOPE Counseling Center

Healthy Outcomes for Personal Enrichment

Clinical Supervisor, Darlene Davis Licensed Marriage and Family Therapist #40875

New Client Information

Today's Date: _____

Therapist Name: _____

Client Name (First, MI, Last): _____

DOB: _____ Age: _____ Gender: Male Female Other _____

Address
City, ST Zip _____

Phone: _____ Home Cell Work **Is it okay to leave a msg for you? Yes No

Email: _____ Is it okay to email you? Yes No

Additional Client Name (First, MI, Last):
(Spouse/partner/family member/etc.) _____

DOB: _____ Age: _____ Gender: Male Female Other _____

Address
City, ST Zip _____

Phone: _____ Home Cell Work **Is it okay to leave a msg for you? Yes No

Email: _____ Is it okay to email you? Yes No

Emergency Contact Information

Name: _____ Relationship to Client(s): _____

Phone: _____ Email: _____

Relationship Status *(check all that apply)*:

<input type="checkbox"/> Single	<input type="checkbox"/> Cohabiting
<input type="checkbox"/> Married	<input type="checkbox"/> Living Together
<input type="checkbox"/> Divorced	<input type="checkbox"/> Dating
<input type="checkbox"/> Separated	<input type="checkbox"/> Other: _____



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****If a client is a minor, please fill out the following information regarding the parents/guardians/caregivers****

Person with Relationship to the minor: Parent Guardian Other: _____

Parent/Guardian/Caregiver Name:

Address, City, ST, Zip
(If different from Client) :

Phone: Home Cell Work **Is it okay to leave a msg for you? Yes No

Email: Is it okay to email you? Yes No

Parent's marital status: Married Divorced Separated Other: _____

If divorced or separated, is either parent in a new marriage/domestic partnership? Yes No

If divorced or separated, what is the custody arrangement?

****Please provide a copy of any custody agreement to your therapist at the first appointment.**

Additional Person with Relationship to the minor: Parent Guardian Other: _____

Parent/Guardian/Caregiver Name:

Address, City, ST, Zip
(If different from Client) :

Phone: Home Cell Work **Is it okay to leave a msg for you? Yes No

Email: Is it okay to email you? Yes No

Parent's marital status: Married Divorced Separated Other: _____

If divorced or separated, is either parent in a new marriage/domestic partnership? Yes No

If divorced or separated, what is the custody arrangement?

****Please provide a copy of any custody agreement to your therapist at the first appointment.**