

**CLIENT INFORMATION SHEET**

Date: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
Email: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Name of Client: \_\_\_\_\_ Responsible party: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street) (Apt. #) (City) (State) (Zip)  
Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Religion: \_\_\_\_\_ Education: (1 – 20): \_\_\_\_\_  
School/Employer: \_\_\_\_\_ Address \_\_\_\_\_  
Marital status: Married \_\_\_; Separated \_\_\_; Divorced: \_\_\_; Single: \_\_\_; Widowed: \_\_\_\_\_  
Ethnicity: Afro American: \_\_\_; Hispanic: \_\_\_; Asian: \_\_\_; Native American: \_\_\_; Caucasian: \_\_\_; Other: \_\_\_  
Have you consulted previously with anyone regarding this issue? \_\_\_ Y \_\_\_ N  
Have you been in counseling or therapy before? \_\_\_ Y \_\_\_ N  
Family Physician: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Color/make of your vehicle: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_  
In case of Emergency Contact: \_\_\_\_\_  
Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

**FILL OUT ONLY IF SEEKING COUPLE OR FAMILY COUNSELING:**

Spouse/significant other: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street) (Apt. #) (City) (State) (Zip)  
Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Religion: \_\_\_\_\_ Education: (1 – 20): \_\_\_\_\_  
School/Employer: \_\_\_\_\_ Address \_\_\_\_\_  
Children:  
Name: Age/DOB: School:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FRANCISCAN COMMUNITY COUNSELING** is a not-for-profit organization supported by the Sisters of St. Francis, United Way, and fees for services. The official fee for one hour of counseling is \$102.00. If you do not have insurance and/or are unable to pay the official fee, your sliding scale fee will be based on your income, family size, and, in some cases, information which may affect your ability to pay.