

FairView Counseling and The Play Therapy Center Client Information Form

Today's Date _____

Client # _____

Name of Person Completing Form _____
(if other than client)

Phone Number(s) that we may call you:

Home: _____ Work: _____ Cell: _____

Client's Name: _____ Sex: M F

Age: ____ DOB: ____/____/____ Social Security# _____

Address: _____
(street address) (city) (state) (zip)

Marital Status of Client: Single Married Separated Divorced Widowed (circle one)

Client's Employer/School: _____

Address of Employer/School: _____

Name of Client's Primary Care Physician: _____

Address: _____

Emergency Contact Name and Phone # _____

If Client is a Minor:

Mother's Name: _____

Mother's Address: _____

Mother's Phone # _____

Father's Name: _____

Father's Address: _____

Father's Phone # _____

How did you hear about FairView Counseling? _____

Throughout the year, FairView Counseling sends announcements of events, group and a newsletter to the community. Would you like to be on our mailing list? YES NO