



# HOPE Counseling Center

## Healthy Outcomes for Personal Enrichment

All therapists are supervised by a Licensed Marriage and Family Therapist

### New Client Information

Today's Date: \_\_\_\_\_ Therapist Name: \_\_\_\_\_

Client Name (First, MI, Last): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Preferred Gender Identity:  M  F \_\_\_\_\_

Identified Race: \_\_\_\_\_ Identified Sexual Orientation: \_\_\_\_\_

Phone: \_\_\_\_\_  Home  Cell  Work

Is it okay to leave a message?  Y  N

Email: \_\_\_\_\_ \*\*Is it okay to email?  Y  N

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
(If different from above)

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Preferred Gender Identity:  M  F : \_\_\_\_\_

Identified Race: \_\_\_\_\_ Identified Sexual Orientation: \_\_\_\_\_

Phone: \_\_\_\_\_  Home  Cell  Work

\*\*Is it okay to leave a message?  Y  N

Email: \_\_\_\_\_ \*\*Is it okay to email?  Y  N

### Emergency Contact Information

Name: \_\_\_\_\_ Relationship to Client(s): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship Status (check all that apply):

Single  Married  Divorced  Separated  Cohabiting  Dating

Other \_\_\_\_\_



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

Relationship to minor(s): Parent Step-parent Guardian Other\_\_\_\_\_

Parent/Guardian/Caregiver Name: \_\_\_\_\_

Address, City, State, Zip (If different from client): \_\_\_\_\_

Phone: \_\_\_\_\_ Home Cell Work

\*\*Is it okay to leave a message? Y N

Email:\_\_\_\_\_\*\*Is it okay to email? Y N

Parent's marital status: Married Divorced Separated Other\_\_\_\_\_

If divorced or separated, is either parent in a new marriage/domestic partnership? Y N

If divorced or separated, what is the custody agreement: \_\_\_\_\_

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

Additional person with relationship to minor(s):

Parent Step-parent Guardian Other\_\_\_\_\_

Parent/Guardian/Caregiver Name: \_\_\_\_\_

Address, City, State, Zip (If different from client): \_\_\_\_\_

Phone: \_\_\_\_\_ Home Cell Work

\*\*Is it okay to leave a message? Y N

Email:\_\_\_\_\_\*\*Is it okay to email? Y N

Parent's marital status: Married Divorced Separated Other\_\_\_\_\_

If divorced or separated, is either parent in a new marriage/domestic partnership? Y N

If divorced or separated, what is the custody agreement: \_\_\_\_\_

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