

Golden Sky Counseling Client Demographics Form

CLIENT INFORMATION

First name _____

Last name _____

Preferred Name _____

Birth date (MM/DD/YYYY) _____ Gender (M/F) _____

Address, City, State, Zip

Parent/Guardian Name (if client is a minor) _____

Parent/Guardian Contact _____

Email Address _____

Phone Number _____ Phone Type (Cell, Home, Work): _____

- OK to leave a voice message
- OK to send a text message
- Ok to send an email

- Send me Text Message reminders for Appointments
- Send me Email Message reminders for Appointments

EMERGENCY CONTACT:

First Name _____ Last Name _____

Relationship _____

Phone Number _____ Phone Type (Cell, Home, Work): _____

- OK to leave a voice message
- OK to send a text message
- Ok to send an email