General Information Form

Please bring completed form with you to first session or email it in advance!

First Name:_____ MI:_____ Last Name:_____

Date of Birth: _____ Age:_____ Grade level (*if in school*):_____

Highest level of education (*if not in school*):_____

Occupation & Employer: _____

Parent/Legal Guardian Name (*if client is under the age of 18*):_____

Reason for Visit (*please be specific*):_____

_____

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Contact Information

Street Address:_____

City:_____ State:_____ Zip Code: _____

Home Phone:_(_____)_____ Other Phone:_(_____)_____

Email address:_____(for exchange of schedule information)

Please check one:

_____ It is okay to contact me at the above address and phone numbers.

_____ It is <u>not</u> okay to contact me at the above address and phone numbers.

_____ I would prefer you to contact me at (*please specify*) _____.

_____

Client Signature (*if 12 years of age or older*)

_____

Parent/Legal Guardian Signature (*if client is under the age of 18*)