

Building Blocks Counseling | Client Face Sheet

Today's Date: _____

Name:		Phone:	
Address:		Alt. Phone:	
City:		Email:	
State:		DOB/Age:	
Zip:		SSN:	

Initial your permission to contact you at: _____ Phone _____ Alt. Phone _____ Email _____ Address _____

Ethnicity: _____ Religious/Spiritual Background and Level of Involvement: _____

Relationship Status: _____ Sexual Orientation: _____

Emergency Contact (Name, Relation, Phone): _____

Employer: _____ Position/Title: _____

How long with this employer? _____ How satisfied are you with your employer and career/job? _____

Highest Level of Education: _____ Satisfied with your level of education? _____

Please list all individuals who live in your home, their relationship to you, and their ages:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How can we help? In your own words, please describe the reason you have decided to talk with a counselor.

By my signature below, I attest that all information I have provide is accurate and true, to the best of my knowledge and recollection.

Client Printed Name

Client Signature

Date