

Adult

Client Information

Please Print

First Name M.I. Last Name Male Female Date

Street Address

Marital Status
 Single Married
 Divorced Separated
 Widowed Other

City State Zip County Birthdate

Home Phone Work Phone Other Phone Social Security Number

Employer Name Your Occupation Who referred you to our agency?

Ethnicity: African American Hispanic Asian American or Pacific Islander
 Native American White Other Multi-racial

Do you have any handicap of which we should be aware? Yes No
If yes, please describe briefly _____

Who may we contact in case of an emergency or appointment cancellation? _____

Client's Bill of Rights
 I have received a copy of the Client's Bill of Rights
 I am aware that Northland Counseling Services has a complaint/grievance procedure that I may use to address any concerns I may have.

Client's Signature Date