



Client Information Form

Contact Information

Full Name: Last First M.I.
Address: Street Address Apartment/Unit #
City State ZIP Code
Home Phone: ( ) Alternative Phone Number:
Email Address:

Optional Information

This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for employment with our company.

Racial or Ethnic Group

- American Indian/Alaskan Asian/Pacific Islander Black/African American
Hispanic/Latino White/Caucasian Other

Gender

- Female Male

Military Service

- Pre-Vietnam Era Vietnam Era
Post-Vietnam Era Disabled Veteran

Marital Status

- Single Divorced Widowed
Separated

In Recover

- Yes No

Preferred Method of Payment

- Electronic Payment Check/Cash Credit Card

Services

Seeking Services For

- Self Significant Other Daughter
Son Friend Other

# Our Village Services LLC.

Support Group				
First and Last Name	Relation	Age	DOB	Living With
	Self			

**Services Requesting**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Individual Counseling | <input type="checkbox"/> Family Counseling | <input type="checkbox"/> Support Groups |
| <input type="checkbox"/> Treatment Placement   | <input type="checkbox"/> Not Sure          | <input type="checkbox"/> Other: _____   |

Please describe reasons for seeking services (issues/problems that led to seeking services, therapy goals, etc.) **in detail.**

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Please list [Company Name] staff members that were contacted regarding this matter:

*Thank you for taking the time to fill out this information sheet. This will be reviewed with you during the consultation/initial counseling session.*