

**Deborah Meints-Pierson**  
**CONFIDENTIAL CLIENT INFORMATION**

Name \_\_\_\_\_ DOB \_\_\_\_\_

Age \_\_\_\_\_ SSN# \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ OK to leave message? Yes No

Work Phone \_\_\_\_\_ OK to leave message? Yes No

Cell Phone \_\_\_\_\_ OK to leave message? Yes No

OK to text message to cell phone? Yes No

Marital Status \_\_\_\_\_

Email Address \_\_\_\_\_

OK to contact through email? Yes No

Referred by \_\_\_\_\_

Children:

Name	Age
_____	_____
_____	_____
_____	_____

Employment Status \_\_\_\_\_ Occupation \_\_\_\_\_

Family Monthly Income \_\_\_\_\_ Ethnic Origin \_\_\_\_\_

Religious/Spiritual Orientation \_\_\_\_\_

**\*CANCELLATIONS:** If an appointment is cancelled with **less than 24 hours notice, you will be charged** for that session. The only exceptions to this rule are emergencies. Rescheduling should take place at the time of cancellation. PLEASE INITIAL HERE \_\_\_\_\_

**IN CASE OF EMERGENCY, NOTIFY:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

**CONFIDENTIALITY:** Information between counselor and client is held strictly confidential unless 1) the client authorized release of information with a signature; 2) the counselor is ordered by a judge to release information; 3) a client presents a physical danger to self or others; 4) child abuse/neglect are suspected 5) group therapy involves disclosures among group members.

\_\_\_\_\_  
**CLIENT SIGNATURE**

\_\_\_\_\_  
**DATE**