

DaHarb Counseling Client Contact Information

Today's Date: _____

Client (Spouse/Partner #1)

Name: _____

Date of Birth: _____

Gender (M/F): _____

Address/ City/ Zip code:

Emergency Contact (Name) _____

Phone _____ Relationship _____

Phone:

(cell) _____ . _____ . _____

May I leave messages Yes or No

(work) _____ . _____ . _____

May I leave messages Yes or No

Email: _____ Private or Shared? _____

Can I contact by email? Yes or No

*****Please note that email is not a confidential form of communication*****

Client (Spouse/Partner #2)

Name: _____

Date of Birth: _____

Gender (M/F): _____

Address/ City/ Zip code:

Emergency Contact (Name) _____

Phone _____ Relationship _____

Phone:

(cell) _____ . _____ . _____

May I leave messages Yes or No

(work) _____ . _____ . _____

May I leave messages Yes or No

Email: _____ Private or Shared? _____

Can I contact by email? Yes or No

*****Please note that email is not a confidential form of communication*****

How did you find me? _____

May I thank this source for the referral? Yes or No (please circle one)

