

# Marsh-Knickle & Associates

# NEW CLIENT INFORMATION FORM

Name (please print): \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M F

(If applicable) School: \_\_\_\_\_ Grade: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ May we leave a message at this number? (please circle one) YES NO

Voicemail  Person: \_\_\_\_\_

Home Phone: \_\_\_\_\_ May we leave a message at this number? (please circle one) YES NO

Voicemail  Person: \_\_\_\_\_

Work Phone: \_\_\_\_\_ May we leave a message at this number? (please circle one) YES NO

Voicemail  Person: \_\_\_\_\_

Email: \_\_\_\_\_ May we contact you via email? (please circle one) YES NO

Address (Parent/Guardian) #<sup>1</sup>: \_\_\_\_\_ City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Address (Parent/Guardian) #<sup>2</sup>: \_\_\_\_\_ City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Are you currently, or likely to be, involved in a lawsuit? (please circle one) YES NO

What do you want to work on in counselling? \_\_\_\_\_

Any previous experience with counselling? If so, why? \_\_\_\_\_

Who referred you to us? \_\_\_\_\_ Do you have any relatives, friends or coworkers that currently see this clinician? \_\_\_\_\_

Name of your family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any current illnesses/medical conditions: \_\_\_\_\_

**\*\* Please list all the people who currently live with you:  
(if client resides at more than one address please indicate information for both)**

	First name:	Last name:	Age:	Relation to you:
Address #1				
Address #2				

Insurance Company to which you plan to submit receipts, if applicable: \_\_\_\_\_

Do we have your permission to share information about your therapy with the following person(s), in order to facilitate services that are being provided to you?

The referral source named above: (please circle one) YES NO

The family doctor named above: (please circle one) YES NO

**\*Please note:** The client or an authorized representative, may rescind or amend the authorization in writing at any time prior to the expiration, except where action has been taken in reliance on the authorization.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date