

# Safe Harbor Counseling Center, Inc.

207 Canyon Court, Willow Park TX 76087 817-441-9345 or 817-629-6139  
196 East Main Street, Azle, TX 76020

Email: [info@safeharborcounseling.org](mailto:info@safeharborcounseling.org); [www.safeharborcounseling.org](http://www.safeharborcounseling.org)

## CLIENT INFORMATION (This information is necessary for our files and is strictly confidential) Date \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F Marital Status: \_\_\_\_\_

Ethnicity:  African American  Asian/Pacific Islander  Caucasian/White  Hispanic  Native American  Other

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Name of Church Attending \_\_\_\_\_ None \_\_\_\_\_

Annual Family Salary (Please circle) <\$20K \$21-\$30K \$31-\$40K \$41-\$50K \$51-\$60K \$61-\$70K \$70-80K Over \$80K

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Email: \_\_\_\_\_ SHCC may: leave message, text, or email

Which form of contact is preferred? HOME PHONE, CELL, TEXT, EMAIL, REGULAR MAIL

Who referred you to Safe Harbor Counseling Center? \_\_\_\_\_

## IF CLIENT IS A MINOR, PLEASE FILL OUT THE FOLLOWING INFORMATION:

Guardian Name: \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_

Address: \_\_\_\_\_

(If different from client's) (Street) (City) (State) (Zip Code)

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

(If different from client's)

Email: \_\_\_\_\_ Do you check it regularly? YES NO

Which form of contact is preferred? HOME PHONE, CELL, TEXT, EMAIL, REGULAR MAIL

## EMERGENCY CONTACT (This information is necessary for our files and is strictly confidential)

Name: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

Address: \_\_\_\_\_

(Street) (City) (State) (Zip Code)

Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

Address: \_\_\_\_\_

(Street) (City) (State) (Zip Code)

Phone: \_\_\_\_\_ Other: \_\_\_\_\_