

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: \_\_\_\_\_