

Safe Harbor Counseling Center, Inc.

1515 Fort Worth Highway, Weatherford, TX 76086
196 East Main Street, Azle, TX 76020

Email: info@safeharborcounseling.org; 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: _____