

Neil McNerney, M.Ed., LPC
Licensed Professional Counselor

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Client Information Form

Client Name:		Social Security#:	
Client Birth Date:		circle one Married Separated Divorced Widowed Single	
Client Address:			
If Client is an adult, please complete this section			
Phone Numbers			
Home:		Work:	Cell:
Employer:		Email Address:	
Please circle where I may contact you: Home Cell Work Email			
Emergency Contact: Name:		Phone #:	
Physician/Psychiatrist Name and Phone:			
Please list any psychiatric medications you are presently taking:			
If Client is a minor, please complete this section			
Phone Numbers			
Client Home:		Client Cell:	
Mother's information (only fill in items that are different than what you filled out for client):			
Name:			
Address:			
Home #:		Work #:	Cell #:
Employer:		Email Address:	
Please circle where I may contact you: Home Cell Work Email			

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Client Information Form (cont)

Minor Client, Continued

Father's information (only fill out boxes that are different than what you filled out for client):

Name:

Address:

Home #:	Work #:	Cell #:
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Employer:	EmailAddress:
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Please circle where I may call you: Home Cell Work Email

Additional Minor Client Information

Is client under the care of (please circle): Psychiatrist Psychologist

Please list any psychiatric medications client is presently taking:

School Name:	Grade:
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Homeroom Teacher:	School Counselor:
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Names and ages of siblings, if any (please include any step-siblings):

Who is financially responsible for counseling services?: