Southwest Counseling Service

ENRICHING LIVES THROUGH WELLNESS, RECOVERY & HOPE

CLIENT INFORMATION FORM

Legal Last Name of Client	Legal First Name	Legal Middle Name	Client's Maiden Name
Client's Birth Date	Client's Social Security #	Is client a U.S. citizen? ☐ Yes ☐ No	Client's Gender ☐ M ☐ F
Describe what brings you to Southwest Counseling Service?			
Who referred you to Southwest Counseling Service?			
Please list other agencies or providers with which you (or your child) are involved or have been involved:			

Mailing Address/P.O. Box	City and State	Zip Code
Physical Address, if different	City and State	Zip Code
Home Phone: ( ) - Permission to call: ☐ Yes ☐ No Permission to leave message: ☐ Yes ☐ No	Cell Phone: ( ) - Permission to call: ☐ Yes ☐ No Permission to leave message: ☐ Yes ☐ No	
Work Phone: ( ) - Permission to call: ☐ Yes ☐ No Permission to leave message: ☐ Yes ☐ No	Message Phone: ( ) - Permission to call: ☐ Yes ☐ No Permission to leave message: ☐ Yes ☐ No	
Do you have a personal representative, conservator, guardian or representative payee? ☐ Yes ☐ No	If yes, Name, address and phone number:	

Client's Race (check one)	Client's Ethnicity (check one)
☐ African American ☐ American Indian/Alaska Native ☐ Asian ☐ Native Hawaiian/Pacific Islander ☐ Other/Multi Racial ☐ White	☐ Cuban ☐ Mexican ☐ Not-Hispanic ☐ Puerto Rican ☐ Other Hispanic/Latino

Emergency Contact Name	Emergency Contact Address/ Phone Number	Emergency Contact Relationship to Client

Client's Place of Birth (city, country, state)	Client's Mother's First Name

Please list additional household members.

Name: Gender: M / F Birthdate:_____ ☐ Spouse ☐ Parent ☐ Child ☐ Step-Parent ☐ Step-Child ☐ Other: _____ ☐ Sibling	Name: Gender: M / F Birthdate:_____ ☐ Spouse ☐ Parent ☐ Child ☐ Step-Parent ☐ Step-Child ☐ Other: _____ ☐ Sibling	Name: Gender: M / F Birthdate:_____ ☐ Spouse ☐ Parent ☐ Child ☐ Step-Parent ☐ Step-Child ☐ Other: _____ ☐ Sibling
Name: Gender: M / F Birthdate:_____ ☐ Spouse ☐ Parent ☐ Child ☐ Step-Parent ☐ Step-Child ☐ Other: _____ ☐ Sibling	Name: Gender: M / F Birthdate:_____ ☐ Spouse ☐ Parent ☐ Child ☐ Step-Parent ☐ Step-Child ☐ Other: _____ ☐ Sibling	Name: Gender: M / F Birthdate:_____ ☐ Spouse ☐ Parent ☐ Child ☐ Step-Parent ☐ Step-Child ☐ Other: _____ ☐ Sibling

Client #_____