Client Information

Janis B. Rice, MA, LPC

16850 Saturn Lane – Suite 100
Houston, Texas 77058
Phone: 281-538-8008

info@JanisRice.com
www.JanisRice.com

TODAY'S DATE: _____

CLIENT:

NAME: _____ *SEX:* ___ *BIRTH DATE:* _____ *AGE:*_____

If Minor, PARENT(s)/GUARDIAN(s): _____

ADDRESS:

STREET: _____

CITY: _____ *STATE:* _____ *ZIP:* _____

EMAIL:

_____ (***OK to email?***) *YES / NO*

PHONES :

(Home) _____ (***OK to call?***) *YES / NO* (***leave msg?***) *YES / NO*

(Cell) _____ (***OK to call?***) *YES / NO* (***OK to text?***) *YES / NO* (***leave msg?***) *YES / NO*

(Work) _____ (***OK to call?***) *YES / NO* (***leave msg?***) *YES / NO*

CLIENT'S EMPLOYER / SCHOOL:

_____ *OCCUPATION:* _____ *HIGHEST LEVEL EDUCATION* _____

SPOUSE/PARTNER:

NAME: _____ *PHONE:* _____

RELATIONSHIP

STATUS: ( ) Single ( ) Married (years) _____ *( ) Separated ( ) Divorced ( ) Widow/er ( ) Other*

EMERGENCY CONTACT: _____ *PHONE:* _____

RELATIONSHIP: _____ *REFERRED BY:* _____

FAMILY INFORMATION: *(Spouse, Children, Parents, Relatives, Others)*

NAME	*AGE*	*RELATIONSHIP*	*NAME*	*AGE*	*RELATIONSHIP*

MEDICAL INFORMATION:

*Primary Care Physician:*_____ *PHONE:* _____

Other Physicians Treating You: _____ *PHONE:* _____

*Current Medications:*_____

_____