

Pathways Counseling Services, PLLC
8414 E. Shea Blvd., Suite 101
Scottsdale, AZ 85260
480.235.1682
Info@PathwaysCounselingSvcs.com

Client Information Form

Today's date: _____

Name: _____

Home address: _____

City, State, Zip: _____

Phone where I can best reach you and leave a message: _____

Birthdate: ____ / ____ / ____ Age: ____ Marital Status: _____

Social Security #: _____ Occupation: _____

Business address: _____

Highest level of education: _____

Email: _____ Referred by: _____

People currently in your household:

<i>FIRST NAME</i>	<i>RELATIONSHIP</i>	<i>QUALITY OF RELATIONSHIP</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide the following in case of an emergency:

Primary Care Doctor and Phone: _____

Allergies: _____

Medical conditions: _____

Medications and doses: _____

Emergency contact person: _____ Phone: _____
=====

This information is true and to the best of my knowledge.

Signed: _____ Date: _____

Reviewed by Pathways Counseling Services PLLC _____ Date: _____
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Therapist to Complete: Counseling: Grp Indiv Couples Family

Diagnosis Code: _____