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**Client Face Sheet**

Date: \_\_\_\_\_

**Client 1:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ okay to call? \_\_\_\_\_  
Other Phone: \_\_\_\_\_ okay to call? \_\_\_\_\_  
Other Phone: \_\_\_\_\_ okay to call? \_\_\_\_\_

Birth Date: \_\_\_\_\_ Ethnic and Gender Identification: \_\_\_\_\_

**Client 2:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ okay to call? \_\_\_\_\_  
Other Phone: \_\_\_\_\_ okay to call? \_\_\_\_\_  
Other Phone: \_\_\_\_\_ okay to call? \_\_\_\_\_

Birth Date: \_\_\_\_\_ Ethnic and Gender Identification: \_\_\_\_\_

**Persons to be notified in case of an emergency:**

Name: \_\_\_\_\_ Phone(s): \_\_\_\_\_  
Name: \_\_\_\_\_ Phone(s): \_\_\_\_\_

**Current Medical Conditions/Mental Health Diagnoses/Medications:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Children present in the home(s) (names, gender ID, ages):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Applicable Information:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Intake Date:** \_\_\_\_\_ **Referred By:** \_\_\_\_\_