



**ROSS COUNSELING CLIENT INFORMATION FORM**

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

Client's Name: \_\_\_\_\_ (Please provide your full legal name)

Address: \_\_\_\_\_

Street

Apt.#

City

State

Zip

Home Phone: (\_\_\_\_\_) \_\_\_\_ - \_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_ - \_\_\_\_

Mobile/Cell Phone: (\_\_\_\_\_) \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ I identify my gender as: \_\_\_\_\_

Marital Status: ☐ Never Married ☐ Married ☐ Widowed ☐ Divorced ☐ Separated

☐ Other: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Name

Relationship to Client

Phone Number

Does the Client live alone? ☐ Yes ☐ No If no, please complete the information below:

Family members living in the home or others living in the home:

Name	Relationship	Age