Blue Water Counseling
Information Sheet

CASE #: _____ DATE: _____

CLIENT NAME: _____ BIRTH DATE: _____

ADDRESS: _____
STREET CITY ZIP

PHONE # HOME: _____ WORK: _____

MAY WE CONTACT YOU AT HOME: _____ ***WORK:*** _____ ***BOTH:*** _____***?***

IF CLIENT IS A MINOR PLEASE COMPLETE

PARENT/GUARDIAN'S NAME: _____

ADDRESS: _____
STREET CITY ZIP

PHONE # HOME: _____ WORK: _____

IF DIFFERENT FROM PARENT/GUARDIAN

GUARANTOR'S NAME: _____

ADDRESS: _____
STREET CITY ZIP

PHONE # HOME: _____ WORK: _____

RELATIONSHIP TO CLIENT: _____

EMERGENCY CONTACT NAME: _____
(IF OTHER THAN PARENT/GUARDIAN)

ADDRESS: _____
STREET CITY ZIP

PHONE # HOME: _____ WORK: _____

FAMILY PHYSICIAN: _____ PHONE: _____