Soulful Sage Counseling, LLC

General Client Information Form

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Please complete the information below for each partner. This information is kept confidential in your client record and is used for scheduling, billing, and emergency purposes only.

Client 1

Full Legal Name	**Preferred Name / Pronouns**		
Date of Birth	**Gender**	**Marital / Relationship Status**	
Street Address			
City	**State**	**ZIP Code**	**County**
Cell Phone	**OK to text? (Y / N)**	**Home / Work Phone**	
Email Address	**OK to email? (Y / N)**		
Occupation / Employer	**Client Located In (State, for telehealth)**		
Emergency Contact Name	**Relationship to Client**	**Emergency Contact Phone**	
Primary Care Physician (optional)	**Referred By (optional)**		

Client 2

Full Legal Name	**Preferred Name / Pronouns**		
Date of Birth	**Gender**	**Marital / Relationship Status**	

Street Address

City	State	ZIP Code	County

Cell Phone	OK to text? (Y / N)	Home / Work Phone

Email Address	OK to email? (Y / N)

Occupation / Employer	Client Located In (State, for telehealth)

Emergency Contact Name	Relationship to Client	Emergency Contact Phone

Primary Care Physician (optional)	Referred By (optional)

Household / Shared Information

How did you hear about Soulful Sage Counseling?

Preferred Session Format (Telehealth / In-Person / Either)

Anything else we should know before your first session?

I confirm the information above is accurate to the best of my knowledge.

Client 1 — Signature *Date*

Client 2 — Signature *Date*