

LIVING HOPE COUNSELING
16421 N. Tatum Blvd. Suite 124
Phoenix, AZ 85032

Family Information Sheet

Identified Client's Name: _____ SS# _____ Under 18 Yrs? No ___ Yes ___

Responsible Party

Full Legal Name: _____ Marital Status: _____

Address: _____ City: _____ Zip: _____

Home Phone _____
Cell Phone _____
Work Phone _____

Ok to leave message? _____ ***This therapist may communicate through text or email; you have the right to decline due to inherent limits of confidentiality when using electronics- initial if decline _____**

Employer/Occupation: _____

Birth Date: _____ Age: _____ State of Birth: _____

Last School Attended: _____ Last Grade Completed: _____

Present Marriage Date: _____ Previous Marriage Dates: _____ Termination Dates: _____

Religious Preferences: ___ Undeclared ___ Catholic ___ Protestant ___ Jewish ___ Other? ___

Spouse/Partner

Full Legal Name: _____ Marital Status: _____

Address: _____ City: _____ Zip: _____

Home Phone Number: _____

Cell Phone # _____

Work Phone _____

Employer/Occupation: _____

Birth Date: _____ Age: _____ State of Birth: _____

Last School Attended: _____ Last Grade Completed: _____

Present Marriage Date: _____ Previous Marriage Dates: _____ Termination Dates: _____

Religious Preferences: ___ Undeclared ___ Catholic ___ Protestant ___ Jewish ___ Other? ___

Children

Name	Birth Date	Age	Sex	Name	Birth Date	Age	Sex
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

In case of emergency contact:

Name: _____ Relationship: _____ Phone: _____

Are you currently working with another agency or therapist? Yes ___ No ___ Please describe: _____

Gross Annual Income: _____ Referred By: _____

We appreciate your payment in full, at the time of service. In the event you will not be able to keep an Appointment, you must notify our office 24 hours in advance. If we do not receive such advance notice, YOU WILL BE FINANCIALLY RESPONSIBLE FOR THE SESSION YOU MISSED.

Signature: _____ Date: _____