



CLIENT INFORMATION FORM

Name (Last, First)				
Age	Sex	Race/Ethnicity	Student Number	Do you have health insurance?
Phone			Is it OK to Leave a Message?	
Preferred Email			Is it OK to email for scheduling?	
Address				
Major		GPA	Year in School (Fr, So, Jr, Sr, Grad, etc)	
Emergency Contact Name		Relationship	Phone Number	

Are you currently experiencing an emergency where you believe you may harm yourself or someone else?

Yes No