



• KEMPER ORTON, M.ED., LMHC, NCC •

## CLIENT INFORMATION FORM

FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_

FAX #: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

HOW DID YOU HEAR ABOUT MY SERVICES? \_\_\_\_\_

PLEASE CHECK ONE:

\_\_\_\_ YES, YOU HAVE MY PERMISSION TO THANK THE REFERRING PERSON/AGENCY ABOVE

\_\_\_\_ NO, YOU DO NOT HAVE MY PERMISSION TO THANK THE REFERRING PERSON/AGENCY

\_\_\_\_ NOT APPLICABLE

EMERGENCY CONTACT INFORMATION:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
CLIENT/PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE