

INSTRUCTIONS: This confidential information is for use by Centus for clinical purposes and data collection for grant-

CLIENT FACE SHEET

writing, in order to better serve our clients. Each person coming for counseling should fill out a form. Please complete ALL AREAS and PRINT all information.

Name	e(First) (Middle) (Last)		Phones (H)	
(First) (Middle) (Last)			
	yCounty		(C)	
State	Zip	SS#		
Gender: Male Female	e Transgender Date of H	Birth:	Age:	
Race/Ethnicity:	Current Marital Status:	Current Religious Description:	Gross Family Income:	
	Current		0-14,999 15,000-24,999 25,000-34,999 35,000-44,999 45,000-54,999 65,000-74,999 75,000-84,999 85,000 & over	
	n case of an emergency, I autl		ng, Consulting, and Education	
Name Name	Relationsh	iip iip	_ Phone () _ Phone ()	
Client Signature	Parent/le	egal guardian signatur	re Date	
clients. We use this list to s mail address will be used o client material. All e-maili	tus Counseling, Consulting and send out periodic newsletters an only for Centus events and activ ngs will be done as "blind copy. give, sell, or lease your e-mail or	d announcements about up ities. Your e-mail will NO " Contact information wil	T be used for any confidential not be visible to any other	

E-mail: _____ Date: _____ Date: _____