

Chipita Counseling Services
All information is kept in strict confidence

Client Information

NAME: _____

ADDRESS: _____

PHONE: _____ CELL: _____

MAY I LEAVE A VOICE MAIL/MESSAGE? Yes _____ No _____

BIRTH DATE: _____ AGE: _____

GENDER IDENTITY: female _____ male _____
transgender female _____ transgender male _____
other _____

Preferred pronoun: _____

ORIENTATION: heterosexual _____ gay _____ lesbian _____
bisexual/gender queer _____ other _____

RELATIONSHIP STATUS: married _____ divorced _____ separated _____
cohabitating _____ single _____ widow/er _____

Insurance Information

Name of insured (if different from above) _____

Address of insured (if different form above) _____

Birth date: _____

Relationship to client: _____

INSURANCE COMPANY: _____

Phone: _____ MEMBER ID # _____

EMERGENCY INFORMATION

Who would you like notified in case of emergency? _____

Relationship to you: _____ Tel: _____