The COUNSELING CENTER of Wayne & Holmes Counties

Client Information Data Form – Front Desk

Client Information:	
Name:	AKA/Nickname:
DOB:	SSN:
Physical Address:	Mailing Address:
Home Phone:	Cell Phone:
Work Phone:	Email:
Referred by:	Guardian:
☐ Female ☐Male ☐Non-binary/Non-conforming ☐Prefer Not to Respond ☐Transgender – Identify as Female ☐Transgender – Identify as Male	

Additional Information:	
Language:	Reason for service:
Education Level: ☐Grade_____ ☐HS Diploma/GED ☐Trade/Tech School ☐Some College ☐ 2 year/Associate's Degree ☐4 year/Undergraduate Degree ☐Other:	
Race: ☐Caucasian ☐Alaska Native ☐Native American ☐Black/African-American ☐ Asian ☐Hawaiian/Pacific Islander ☐Unknown ☐Other:	
Ethnicity: Not of Hispanic origin Hispanic/Latino Unknown Other:	
Living Arrangement: ☐Private Resident ☐Correctional Facility ☐Foster Care ☐Nursing Home ☐Homeless ☐Other:	
County of Residence: ☐Wayne ☐Holmes ☐Medina ☐Other:	
Military Status: ☐None ☐Active ☐Disabled Veteran ☐Discharged	
Marital Status: ☐Single ☐Married ☐Separated ☐Divorced ☐Widowed	
Amish: ☐Yes ☐No	
Employment Status: ☐Full Time ☐Part Time ☐Unemployed ☐Homemaker ☐Retired ☐ Student ☐Disabled ☐Other:	
School/Employer:	
Address:	Occupation:
	Phone:

Emergency Contact:	
Name:	
Address:	Relationship:
	Phone:

Primary Physician:	
Name:	
Address:	Organization:
	Phone:
Healthcare Power of Attorney: ☐ Yes ☐No	
☐If Yes, obtained copy and scanned into client's chart.	
☐If No, confirm if client would like information and provide healthcare POA information	