

STEEL COUNSELING, PLLC
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CLIENT INFORMATION FORM

Today's Date: _____

FULL NAME: _____
Last First Middle

ADDRESS: _____ Home Phone: _____
_____ Work Phone: _____
_____ Cell Phone: _____
Email: _____

May I contact you at: Home? Yes / No Work? Yes / No Cell Phone? Yes / No Email? Yes / No

May I leave a message at any phone number? _____

Birth Date: _____ Age: _____ Gender: _____

Relationship Status (circle): Single Married Domestic Partner Widowed Divorced Separated

Other: _____ Spouse/Partner 's NAME: _____

Occupation: _____ Employer (If applicable): _____

How did you find me/Who referred you? _____

Address: _____ Phone: _____
_____ Fax: _____

May I contact this person to thank them for the referral? _____

Reason for Referral: _____

Person who does not live with you to contact in case of an emergency:

Name: _____ Phone: _____ Relationship: _____