

**Linda W. McCune M.S., Licensed Professional Counselor**

17770 Preston Rd. Suite D  
Dallas, Texas 75252

**Client Information**

All information is treated as confidential and may be released only with your consent.

Today's Date: \_\_\_\_\_ Referred by: \_\_\_\_\_

1. Client Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ SS#: \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Ph. \_\_\_\_\_ Work Ph. \_\_\_\_\_

Cell Ph. \_\_\_\_\_ E-mail address \_\_\_\_\_

2. Client Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ SS#: \_\_\_\_\_

Address \_\_\_\_\_

Home Ph. \_\_\_\_\_ Work Ph. \_\_\_\_\_

Cell Ph. \_\_\_\_\_ E-mail address \_\_\_\_\_

Please list below all other members living in your household  
(Use other side if additional space is needed)

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
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\_\_\_\_\_

\_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

