

# Scottsdale Premier Counseling

## Dr. Morgan Francis, LLC

### **New Client Information**

Last name \_\_\_\_\_ First name \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ Work telephone \_\_\_\_\_

Cell phone \_\_\_\_\_ Date of birth \_\_\_\_\_

Marital Status: Married Single Separated Divorced Widowed

Client's Employer \_\_\_\_\_

Occupation \_\_\_\_\_

How were you referred? \_\_\_\_\_

In case of emergency, whom may I contact?

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Spouse/partner name \_\_\_\_\_

Other family members' names and age:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

**I/We are the responsible party/parties and consent to consultation and/or treatment:**

X \_\_\_\_\_

Signature of Client, Date

X \_\_\_\_\_

Spouse/partner/parent Date

*Fees and payment for services, (as discussed prior to booking your appointment), are due at the time of your session.*

*Receipts are available upon request.*