

Loretta Gallo-Lopez, MA
Licensed Mental Health Counselor

Client Information Sheet – Adult

Date: _____

Name:

Last	First	MI
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SS #: _____ **Age:** _____ **DOB:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home phone: _____ **Cellular phone:** _____

Drivers license #: _____ **E-mail address:** _____

Marital status: _____

Occupation: _____ **Employer:** _____

Work address: _____

Work phone #: _____

Emergency contact: _____

Relationship: _____ **Phone #:** _____

Primary care physician: _____

Address: _____ **Phone#:** _____

Who may we thank for referring you? _____