

*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? \_\_\_\_\_