

Barton Creek Counseling, PLLC

Client Name

First name	Middle	Last	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Street address			
City	State	Zip	Date of Birth/Age
Home phone <input type="checkbox"/> Preferred contact #	Work/Cell preferred contact#	Email	

Spouse or Parent/Guardian (if client is less than 18 yrs of age)

First name	Middle	Last
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Financial Responsibility (if different from Client)

First name	Middle	Last	Relationship to client
Street address			
City	State	Zip	
Home phone <input type="checkbox"/> Preferred contact #	<input type="checkbox"/> Work / <input type="checkbox"/> Cell <input type="checkbox"/> Preferred contact #		

Emergency Contact

Physician	Office contact #	
Signature	Print name	Date