



# CLEAR HARBOR COUNSELING CLIENT INFORMATION FORM

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## Client Information

Legal Name

Chosen Name

Social Security #

DOB

Ethnicity (Optional)

Address (Street, City, State, Zip)

Email Address

Main Phone Number

Can we leave message?

N

Type of Reminder Messages

Text

Automated Call

## Guardian/Emergency Contact

Name

Relationship to Client

Address (Street, City, State, Zip)

Phone Number

Guardian/Parent Email Address