



New Orleans COUNSELING

Client Information Form *Logan K. Williamson, LPC, LLC*

Start Date: _____ Client DOB: _____

Client First Name: _____ Client Last Name: _____

Address: _____ Suite/Apt: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ - _____ Phone: (____) _____ - _____

Work Phone: (____) _____ - _____ Email: _____

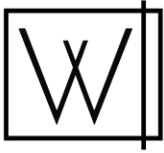
Parent/Guardian Information (if client is a minor):

First: _____ Last: _____ _____	First: _____ Last: _____ _____
Address: _____ _____	Address: _____ _____
Suite/Apt: _____ _____	Suite/Apt: _____ _____
City: _____ State: _____ Zip: _____ _____	City: _____ State: _____ Zip: _____ _____
Home Phone: (____) _____ - _____	Home Phone: (____) _____ - _____
Work Phone: (____) _____ - _____	Work Phone: (____) _____ - _____
Cell Phone: (____) _____ - _____	Cell Phone: (____) _____ - _____
Email: _____	Email: _____
Relation to Client: _____	Relation to Client: _____
Check if Financially Responsible for Payment <input type="checkbox"/>	Check if Financially Responsible for Payment <input type="checkbox"/>

Party to Notify in Case of Emergency:

Name: _____ Phone: : (____) _____ - _____ Relation to Client: _____

Referral Information (Please list information so I can send my thanks):



Name: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Phone: (____) _____ - _____