

œ Renewal Centers Client Questionnaire œ

Welcome to Renewal Centers. Thank you for taking the time to provide us with the following information. The information you provide is private and confidential.

Please Print

Date of First Appointment with Counselor: _____ Today's Date: _____

Name of Client: _____ Date of Birth: _____

Last First

Name of Client: _____ Date of Birth: _____

(Spouse or Child Being
Seen with You Today) **Last First**

Ethnic Background: Asian African Am Caucasian Hispanic Native Am Other _____

Parent or Guardian (If Applicable): _____

Address: _____
PO Box or Street City State Zip

Phone#: Home _____ Work _____ Cell _____

May we call you at home? Yes No May we call you at work? Yes No May we call your cell? Yes No

E-Mail Address: _____

Would you like to be on our E-Mail list? Yes _____ No Thank You _____

Occupation: _____ Employer: _____

How did you hear about Renewal Centers: _____

Marital Status: Single Married Divorced Separated Widowed Engaged

If Married, Spouse's Name: _____ Spouse's Employer: _____

Family Physician and/or Other Health Care Provider: _____

Name of Counselor You are Seeing at Renewal Centers: _____

Emergency Notification / Next of Kin

Name: _____ Relationship to Client: _____

Address: _____
PO Box or Street City State Zip

Phone#: Home _____ Work _____ Cell _____