

William K McDonald PLC - Counseling Services

• William K. McDonald, M.Div, LMSW

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Telephone (810) 629-0760

NEW CLIENT INFORMATION SHEET - ADULT

NAME _____
Last First Middle

ADDRESS _____
Street (Apt #, etc)

City State ZIP + 4*

TELEPHONE: Home () _____ Work () _____ ext. _____

Cellular () _____ [] Text option Fax () _____

Email _____ private / secure []

OK to use [] Email, [] Fax, for statements and secure communication

AGE _____ BIRTH DATE _____ SOCIAL SECURITY NUMBER* _____

MARITAL STATUS Sing __ Eng __ Mar __ Sep __ Div __

OCCUPATION _____

Employer _____

Address _____

SPOUSE/PARTNER NAME _____ WORK PHONE _____ ext. _____

NEAREST RELATIVE NOT LIVING WITH YOU _____

PHONE _____

NEAREST FRIEND NOT LIVING WITH YOU _____

PHONE _____

WHOM MAY WE CONTACT IN CASE OF EMERGENCY? _____

PHONE _____

PERSON RESPONSIBLE FOR PAYMENT: Self _____ Other _____

METHOD OF PAYMENT: Cash _____ Check _____ Visa / MC / Disc _____ Other (specify) _____

WHO REFERRED YOU HERE? _____

BRIEF DESCRIPTION OF YOUR PROBLEM:

(use other side if you wish)

Today's date

Signature

*needed only for insurance billing

ed 11/8/14