

Riversage Family Counseling



Client Name: _____ **Today's Date:** _____

Guardian's Name (if applicable): _____

Physical Address: _____ **Phone:** _____

Mailing Address: _____

City, State, ZIP: _____

Date of birth: _____ **How did you hear about our services?** _____

Emergency Contact (name and phone number):

Employer's Name: _____

Source of Payment for Services: ** if insurance, please provide a copy of your insurance card

I agree that the information provided is true and will be held confidential by Riversage Family Counseling. I also agree to participate in services and follow therapist recommendations to the best of my ability.

Client Signature

Date