

# Mind At Peace

## *Mental Wellness Counseling*

### **Client Information**

Client Full Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Gender: Male \_\_\_\_ Female \_\_\_\_ Non-binary \_\_\_\_

Preferred Pronouns (e.g. he/him, they them...) \_\_\_\_\_

Client DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Client Address: \_\_\_\_\_

\_\_\_\_\_

Client Telephone: \_\_\_\_\_ May leave a message? Y\_\_ N\_\_

May I send text messages to the telephone number provided? Y\_\_ N\_\_

Client email: \_\_\_\_\_

### **Emergency Contacts**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_