

Lisha Song, M.Ed.
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NEW CLIENT INFORMATION

(Please print)

Client Name: _____ Age: _____ D.O.B.: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Other Phone: _____

Email: _____

Do you give **Lisha Song Counseling Services** permission to send you emails periodically updating you on services, products and other relevant information? (Your email address will not be shared):

Yes _____ **No** _____

Parent/Guardian Name (for minors): _____

Parent/Guardian Address (if different from client): _____

Is it o.k. to leave a message identifying who I am? Yes _____ **No** _____

Gender: ___ Race/Ethnicity: _____ Relationship Status: _____

Years of Education: _____ Who do you live with? _____

Employer: _____ Job Title: _____

Employment Address: _____

If under 18, where do you attend school? _____

Emergency Contact Name: _____

Relationship to Client: _____ Phone: _____

Referral Source (how did you hear about Lisha Song Counseling Services?):
