



INTERFACE-SAMARITAN COUNSELING CENTERS (ISCC)

CLIENT INFORMATION

Today's Date _____ ISCC File # _____

Client Name _____ Therapist _____ Code _____

(Check One) New Client Update Information Yearly Update

As a not for profit agency, ISCC seeks funding that allows us to provide services for those who might not otherwise receive help. Funding sources often require demographic information regarding the people we serve, and ISCC provides this information in anonymous and aggregate form. We appreciate your assistance in completing the following information.

Name _____ Date of Birth _____ Age _____ Gender (circle) M F

Marital Status (circle) Never Married Married Separated Divorced Widowed

Ethnicity (circle) African-American Asian Caucasian Hispanic Other _____

Address _____ Home Phone _____ OK to Leave Message? Y N

City/Zip _____ Work Phone _____ OK to Leave Message? Y N

E-Mail _____ Cell Phone _____ OK to Leave Message? Y N

OK to send message? Y N

Employer/School _____ Occupation/Grade _____
(circle which) (circle which)

Spouse/Parent(s) Name (circle which) _____ Date of Birth _____

Address _____ Home Phone _____ OK to Leave Message? Y N
(if different from client)

City/Zip _____ Cell Phone _____ OK to Leave Message? Y N

Employer _____ Occupation _____

E-Mail _____ Work Phone _____ OK to Leave Message? Y N
OK to send message? Y N

Person to Contact in Case of Emergency _____

Relationship to Client _____ Phone Numbers(s) _____