

FAMILY SERVICE &
GUIDANCE CENTER

CLIENT ID: _____ (FOR INTERNAL OFFICE USE ONLY)
PREFERRED METHOD OF COMMUNICATION:
 Cell Phone _____
 Email _____
 Work Phone _____

CLIENT

CLIENT INFORMATION FORM

Thank you for choosing Family Service & Guidance Center (FSGC). Please complete the following information to help us address your needs.

CLIENT INFORMATION

Client Last Name _____ First Name _____ Middle Name _____ Date of Birth _____

Street Address _____ City _____ County _____ State _____ Zip Code _____

Client Preferred Name (if different from above) _____ Social Security # _____
Marital Status: Married Never Married
Military Status: Veteran Active N/A

Client Name at Birth (if different from above) _____
Ethnicity: Hispanic or Latino Yes No
Race: Native Hawaiian or Other Pacific Islander Asian White
 American Indian or Alaska Native Black or African American
Client Employed: No Yes _____
 Other/Unknown: _____

Client Sex at Birth: Female Male
Client's Identified Gender: Female Male Non-binary Transgender Intersex _____
(mark all that apply) Prefer not to answer

Do any of the following apply: Participating in sheltered work program Transitional Employment works >30hrs/wk
 works < 30hrs/wk Retired Participates in ongoing volunteering N/A

CLIENT HEALTH HISTORY

Primary Care Provider Name/Location _____ Phone Number _____ Date Last Seen _____

Pre-existing Medical Conditions: No Yes (please list) _____

Known Allergies: No Yes (please list) _____

Is client prescribed any emergency medication for their allergies: No Yes (please list) _____

Has client received previous treatment for their mental health needs: No Yes (please check all that apply)
 Therapy Medication Management Substance Use Treatment Hospitalization Crisis Stabilization

CLIENT EDUCATIONAL HISTORY

Name of Current School: _____ Current Grade: _____

Please check if school is alternative school, including online school

Client currently not enrolled in school Client enrolled in Preschool Client enrolled in Post-Secondary Education

Client is homeschooled Highest level of education/grade completed: _____

Does client have the following: IEP 504 Plan GEI Plan Other N/A

Is client in a Special Education Classroom: No Yes

CLIENT HISTORY WITH LEGAL SYSTEM

Client involved with DCF: No Yes
(If yes, please mark status below)

- Under supervision
- In Custody w/home placement
- In Custody w/out of home placement

Client involved with Juvenile Justice Authority: No Yes
(If yes, please mark status below)

- Under supervision
- In Custody w/home placement
- In Custody w/out of home placement

Client law enforcement contact: No Yes/ # of contacts: _____ Client been arrested: No Yes/ # of times: _____

CLIENT LEGAL GUARDIAN INFORMATION

Client currently resides with: _____ Their relationship to client is: _____

Information for Guardian Initiating treatment today:

Last Name First Name Date of Birth Social Security #

Relationship to Client Phone Number check to use for appointment call reminders

Street Address (if different from client's listed above) City County State Zip Code

Email address check to consent to communication via email

Place of Employment Work Phone Number

Guardianship Status: Sole Custody Joint Custody (w/Residential Placement) Joint Custody (non-residential)

Information for Additional Guardian:

Last Name First Name Date of Birth Social Security #

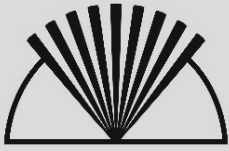
Relationship to Client Phone Number check to use for appointment call reminders

Street Address (if different from client's listed above) City County State Zip Code

Email address check to consent to communication via email

Place of Employment Work Phone Number

Guardianship Status: Sole Custody Joint Custody (w/Residential Placement) Joint Custody (non-residential)



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Additional Household Member Information:

Name	Date of Birth	Relationship to Client	Current Client of FSGC

I have read the questions and assert the information I have provided is correct to the best of my knowledge.

Client Signature (age 14 or older)

Client Printed Name

Date

Legal Guardian Signature

Legal Guardian Printed Name

Date