

Kim Grynich, LPC
PO Box 549, Ashland, OR, 97520
541-517-4715

Client Information

Name_____ Date_____

Birthday_____ Age_____ Social Sec#_____

Referred By_____

Current Address_____

Permanent Address_____

Home Phone_____ Client Cell Phone_____

Parent Cell Phones, if applicable_____

Client Email_____ Parent Email_____

Place of Employment_____ Job Title_____

School Name/Location_____

Level of Education_____ Current Grade_____

Major or Area of Interest_____

Hobbies_____

Religious/Spiritual Orientation_____

Place of Birth_____

Parents Names and Current Location_____

Siblings Name/Ages_____

Spouse/Significant Other/Age_____

Children's Names/Ages_____

Emergency Contact – Name/Relationship/Number_____