

**Metropolitan Counseling Associates, LLC**

7201 Wisconsin Ave., Suite 700

Bethesda, MD 20814

301-654-7770 phone/fax

Date: \_\_\_\_\_

**Client Information Sheet**

Client Information:

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

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

In case of Emergency, contact: \_\_\_\_\_

If under 18, name and phone number of parent(s)/legal guardian(s):

**Parent/legal guardian #1**

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

Relationship to client: mother father step-mother step-father other

Address (if different than client): \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Parent/legal guardian #2**

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

Relationship to client: mother father step-mother step-father other

Address (if different than client): \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_