

PATHWAYS OF OHIO COUNSELING SERVICES, LLC

CLIENT DEMOGRAPHIC SHEET

JANUARY 2019

Date of Admission/Demographic Update:		
First Name:	Middle Name/Initial:	Last Name:
Preferred Name:		
Date of Birth:	Last 4 of Social Security Number:	
Gender/Gender Identification:	Male	Female
Other Identification:		
Street Address:		
City/State:		Zip Code:
Primary Contact Number:		Secondary Contact Number:
Primary Email Address:		
Employed: ____ Full Time ____ Part Time ____ N/A/Disability/Workman's Comp	Employer/Employer's Address and Phone Number:	
Name of Emergency Contact*:		
Emergency Contact #:	Relationship to Emergency Contact:	
How Did You Find Out About Pathways of Ohio Counseling Services?		

****By completing this information, you give your permission both direct and implied for any staff member of Pathways of Ohio Counseling Services, LLC to contact the person you have identified in order to advise this person of an emergency or crisis or obtain information about your wellbeing. Please consult with your therapist if you have any questions.***