

# ACT - COUNSELING & EDUCATION

5010 E SHEA BLVD., SUITE D-202, SCOTTSDALE, AZ 85254, Ph: 602-569-4328, Fx: 602-569-4378  
8607 N. 59<sup>th</sup> AVE., SUITE B-4, GLENDALE, AZ 85302, Ph: 623-931-2350, Fx: 623-931-2447  
325 E. ELLIOT RD., SUITE 29, CHANDLER, AZ 85225, Ph: 480-827-2406, Fx: 480-827-2468



**Please answer all questions completely**

## **DEMOGRAPHIC FORM**

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

Have you ever been a client here?      Yes \_\_\_      No \_\_\_      When \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Client Name: \_\_\_\_\_  
  (First)    (M.I.)    (Last)

Social Security #: \_\_\_\_\_

Home Address: \_\_\_\_\_  
  (Street Number)    (City)      (State)      (Zip Code)

Phone #: \_\_\_\_\_      Cell Phone #: \_\_\_\_\_  
  (Area Code)    (Area Code)

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_      Age: \_\_\_      Gender: (circle one)      Male      Female  
  (Month/Day/Year)

Birth place: \_\_\_\_\_      Mother's first name: \_\_\_\_\_

Marital Status: (circle one)      Single      Married      Divorced      Separated      Widowed      Significant Relationship

Client Employer: \_\_\_\_\_  
  (Full Name and Address)

Employer Phone #: \_\_\_\_\_      Occupation: \_\_\_\_\_

Name of Spouse/S.O.: \_\_\_\_\_      Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_      Relationship: \_\_\_\_\_

Address: \_\_\_\_\_      Phone #: \_\_\_\_\_  
  (Street Number – City – State – Zip Code)    (Area Code)

I agree to the following conditions: if I do not give at least 24-hours notice that I will not be able to keep my designated appointment time or I am a no show for an appointment, I will be charged a fee of \$75.00, which is due and payable before my next session. I also consent to the possibility of being contacted by telephone during the treatment process so that ACT Counseling & Education may survey my level of satisfaction with their services, and continue to offer a superior client experience.

\_\_\_\_\_

Client Signature

\_\_\_\_\_

Date

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Reason for starting therapy at this time:

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How can we help you, and what do you feel that you need?

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