

NEW CLIENT INFORMATION – ADULT

Date: _____

First Name

Last Name

Birth Date

Daytime Telephone (for appt. changes/cancellations, etc.)

Cell Phone

Evening Phone

E-mail address

Information:

I am currently employed full-time part-time at: _____

Employer/Company Name

Located in: _____

City, State

Hours I work: _____

Please describe any current concerns you have regarding your employment: _____

I am currently attending school: full-time part-time at : _____

General Class Schedule: _____

Major: _____

Highest level of education completed: High School Junior College College/University Trade Other
Degree(s): _____

Please describe any concern you have regarding your schooling: _____

Is there someone at school that we may contact?

Contact Name

Telephone

Title of contact person

E-mail address

I am living independently (in my own home/apt.)

I have a roommate/housemate and share expenses

I am married. Number of years? ___

I am divorced I have children.

I am responsible for my own expenses.

I get financial assistance for my expenses.

I am living in my parent's home.

I have other living arrangements.

I have been diagnosed (please include the name of the person who gave you the diagnosis and the date you received it):

Current Medications: _____

Please describe why you are seeking assistance from The Social Learning Connection:

Exchange of Information Authorization

I give permission for The Social Learning Connection to share information with any of the following people:

Parent's Name	Telephone Number
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Professional's Name	Title	Telephone Number
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Professional's Name	Title	Telephone Number
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Professional's Name	Title	Telephone Number
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Signature