



Life Skills Learning Center

CLIENT INFORMATION

Name of Client (please print) _____

Address _____
City State Zip

D.O.B. _____ Birth Sex: M or F Marital Status _____
(circle one) (single, married, divorced, widowed)

Gender Identity: _____

Race: (circle most predominate) Hispanic or Latino, American Indian or Alaskan Native, Black or African American, Asian, Native Hawaiian or other Pacific Islander, White

Primary Language: _____

Employment: (where and what do you do) _____

Home Phone: _____ May we leave a message? Yes No

Cell Phone: _____ May we leave a message? Yes No

Work Phone: _____ May we leave a message? Yes No

What is your religious affiliation? _____

What is your highest level of schooling? _____

Are you currently on probation/parole? Y___N___ Please describe the most recent legal issues you have had:

| CONVICTION(S) | DATE ARREST OCCURRED | WAS PROBATION/ PAROLE SUCCESSFULLY COMPLETED | DATES INCARCERATED (IF APPLICABLE) |
|---------------|----------------------|--|------------------------------------|
| | | | |
| | | | |
| | | | |

Who is your parole/probation officer: _____

Why are you here today? (circle all that apply)

Counseling with Licensed Clinician (length to be determined)

Assessment (one appt. with counselor for recommendations)

Anger Management Class (8 weeks to complete)

Domestic Violence Offender Treatment Intervention Class (52 weeks to complete)

Parenting Class (9 weeks to complete)

CONTACT INFORMATION

Name _____ Phone # _____

Relationship to you _____

Choose # 1 or # 2

1. I give consent for LSLC to contact this person only in case of a *medical emergency* _____
(initial)

OR

2. I give consent for LSLC to speak to this person about any information in regards to my care or services _____
(initial)

The consent to contact this person is valid for one year or until I notify LSLC to revoke it _____
(initial)

I acknowledge that the above information is correct and that my confidentiality is protected.

Client Signature

Date

Life Skills Staff

Date

Client revoked consent on: _____ LSLC Staff: _____