

Mandarin Cove

SPORTS & COUNSELING

Client Information Form – General

Date:	Last Name:	First Name:	Middle Name:
Date of Birth:		Age:	Sport:
Address:		Apt:	City, State: Zip:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Race: <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Multi <input type="checkbox"/> Other	School attending: <input type="checkbox"/> Elementary School <input type="checkbox"/> Middle School <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Professional <input type="checkbox"/> Other Name: _____	
Client Phone Number: _____ Please indicate <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> OK to call <input type="checkbox"/> OK to leave message 2nd Phone Number: _____ (Name: _____) Please indicate <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> OK to call <input type="checkbox"/> OK to leave message			
Emergency Contact Phone Number: _____ Name of Contact Above: _____ Relationship: _____			
Person Responsible for payment of services if athlete is a minor: Name: _____ Address: _____ Relationship to athlete: _____			
If siblings/children, Date of Birth: _____, _____, _____, _____,		Is it OK to receive emails from Mandarin Cove Sports & Counseling? <input type="checkbox"/> Yes <input type="checkbox"/> No Email address: _____	
How did you hear about us? (Check all that apply) <input type="checkbox"/> MCS client <input type="checkbox"/> Friend <input type="checkbox"/> Family Member <input type="checkbox"/> Coach <input type="checkbox"/> Website <input type="checkbox"/> Phone Book <input type="checkbox"/> Brochure <input type="checkbox"/> Physician <input type="checkbox"/> School, Name: _____			