



(757) 304-6334 □ www.candidconsultingva.com □ candidconsultingva@gmail.com

Client Information Form

GENERAL INFORMATION

TODAY'S DATE _____

NAME _____

Last

First

MI

MAILING ADDRESS _____

Street

City

State/ZIP

Responsible Party (if different from above)

NAME _____

Last

First

MI

MAILING ADDRESS _____

Street

City

State/ZIP

Preferred? Leave Message?

HOME PHONE: _____ Y N Email Address: _____

CELL PHONE: _____ Y N Ok to send Text Message? Y N

WORK PHONE: _____ Y N

DOB ____/____/____ AGE _____ MALE FEMALE

EMPLOYER _____ JOB TITLE/POSITION _____

HIGHEST EDUCATION LEVEL ATTAINED, WHERE _____

MARITAL STATUS Single Married Divorced Separated Widowed Committed Relationship

RACIAL IDENTITY American Indian Asian African-American Caucasian Hispanic Other

EMERGENCY CONTACT _____

Name

Contact #

RELATIONSHIP TO YOU _____

REASON FOR SEEKING CANDID CONSULTING

- Dissertation Writing Assistance
- Resume/Cover Letter Support
- Pre-College/Post-Secondary Education Prep
 - Academic Tutoring
 - College/Industry Tour Planning
 - Summer Program Planning
 - Guest Speaker Services
- Financial Aid/Scholarship Guidance

FUTURE APPOINTMENTS

Should we need to contact you regarding your future appointments, please indicate how we may do this if you are not available when we call. Initial all that apply.

- _____ Leave appointment time on answering machine/voicemail
- _____ If no answering machine, leave appointment time with _____
- _____ Leave a message with callback number requesting you contact Samaritan Counseling Center
- _____ Email appointment information

REFERRAL SOURCE

How did you hear about us? _____

If you were referred to us by a specific person, do we have your permission to thank them? Yes No

Name & Contact Information of Referral source (if applicable)

CLIENT NOTIFICATION OF PRIVACY RIGHTS

CLIENT NOTIFICATION OF PRIVACY RIGHTS

In submitting this form, I agree to provide any information supplied to be used for the purposes of collecting business data and maintaining client records. The information will only be accessed by necessary Candid Consulting employees. I understand my data will be held securely and will not be distributed to third parties. I have a right to change or access my information, and I understand that my information will be kept on file for client history reference, even after services have been completed.

PLEASE SIGN BELOW TO INDICATE YOU HAVE READ AND UNDERSTAND THE CLIENT NOTIFICATION OF PRIVACY RIGHTS.

Client Signature

Date

Parent/Guardian Signature (if Client is 18 years or younger)

Date

<u>For CC Office use only</u>	
<i>Client's Consent/Fee Info</i>	__Y__N__N/A
<i>Signed Consent for Minors</i>	__Y__N__N/A
<i>Career Inventory Completed</i>	__Y__N__N/A
<i>Staff Initials</i> _____	