

*Helen A. Rudinsky, MS  
Licensed Professional Counselor, LPC  
Marriage & Family Therapist, MFT*

**Consent Form 1 –Client Information**

**Date** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Email** \_\_\_\_\_

**Employer** \_\_\_\_\_

**Address** \_\_\_\_\_

**Health Insurance** \_\_\_\_\_

**Date of Birth** \_\_\_/\_\_\_/\_\_\_

**Social Security** \_\_\_/\_\_\_/\_\_\_

**Home Phone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_

**Work Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**ID Number** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Email** \_\_\_\_\_

**Employer** \_\_\_\_\_

**Address** \_\_\_\_\_

**Health Insurance** \_\_\_\_\_

**Date of Birth** \_\_\_/\_\_\_/\_\_\_

**Social Security** \_\_\_/\_\_\_/\_\_\_

**Home Phone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_

**Work Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**ID Number** \_\_\_\_\_

**Emergency Contact**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Email** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Source of Referral** \_\_\_\_\_  
(Google, Psychology Today, etc)