

Client Information

Clouse Counseling, LLC

Noelle W. Clouse, LMHC

600 W. Carmel Drive, Suite 120

Carmel, IN 46032 Phone: (317)-450-0452

Date: _____

Client Name: _____ **DOB:** _____

Gender: _____ Age: _____

Address: _____

Cell Phone with Area Code: _____

Other Phone with Area Code: _____ Type of Phone: _____

Email: _____

Reason for seeking counseling:

Name of Legal Guardian: _____

Address of Legal Guardian:

Cell Phone for Legal Guardian: _____

Other Phone for Legal Guardian: _____ Type: _____

Email: _____

Name of Legal Guardian: _____

Address of Legal Guardian:

Cell Phone for Legal Guardian: _____

Other Phone for Legal Guardian: _____ Type: _____

Email: _____

Custodial Information (if applicable):

Primary Care Physician: _____

Address: _____

Phone: _____ Fax: _____

