

**Xochitl Carias, MEd, LPC-Intern**  
**Supervised by Ayesha Lakhani, MA, LPC-S, RPT-S, NCC, CART**

---

Houston, Tx                      Cypress, Tx                      Ph. 832-928-8876

---

**CLIENT DEMOGRAPHICS**

Client/Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Sex: M F      Marital Status: \_\_\_\_\_ Employed: Y N                      Student: Y N

Legal Guardian(s): \_\_\_\_\_

**If the client is a minor and the guardians are divorced, lease provide a copy of the divorce decree.**

Client Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Is it okay to leave messages? Y N Is this a personal phone? Y N Comment: \_\_\_\_\_

Email address: \_\_\_\_\_ \* Emails are NOT confidential

In Case of Emergency Notify: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

How did you get referred? \_\_\_\_\_

Please list the people that you live with (including children) and their ages:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What brings you here? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_