

Clarity Connection, LLC  
(206) 399-7741

**Client Information Form**

Today's date: \_\_\_\_\_

Your name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Nickname or what you prefer to be called:  
\_\_\_\_\_

Home street address: \_\_\_\_\_ Apt.: \_\_\_\_\_

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

Home/evening phone: \_\_\_\_\_ (don't call after \_\_\_\_\_ p.m.) Is it  
okay to leave a message? \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Is it okay to leave a message? \_\_\_\_\_

e-mail: \_\_\_\_\_

Calls or e-mail will be discreet, but please indicate any restrictions:  
\_\_\_\_\_

If some kind of emergency arises and I cannot reach you directly, or I need to reach someone  
close to you, whom should I call?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Significant other/nearest friend or relative not residing with you:  
\_\_\_\_\_

**This is a strictly confidential patient medical record. Re-disclosure or transfer is expressly  
prohibited unless legal parameters indicate exceptions.**