



CHAT N RELAX COUNSELING & CONSULTATION, LLC
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CLIENT INFORMATION

(Please print clearly)

Today's Date: _____ Date of Birth: ____/____/____ Age: ____ Gender: _____

Referred by: Self or _____

Client Name: _____

Address: _____
 Street City State Zip Code County

Home Phone: _____ Cell Phone: _____

Height: ____' ____" Weight: _____ Eye Color: _____ Hair Color: _____

Race: _____ Ethnicity: (optional) _____

Occupation or School Name: _____

Parents' Names & Phone: (If client is under 18 years of age)

Mother _____ Father _____

May I text you regarding appointment confirmations and/or cancellations? Yes or No

May I email you regarding appointment confirmations and/or cancellations? Yes or No

Email: _____ @ _____

Emergency Contacts Information

Name(s): _____

Relationship: _____ Phone: _____

Address: _____
 Street City State Zip Code County

Name(s): _____

Relationship: _____ Phone: _____

Address: _____