



CHAT N RELAX COUNSELING & CONSULTATION, LLC  
DaRon Stephens, LPC, LCADC, LMT  
984 Route 9, Suite 3, Parlin, NJ 08859  
(P) 201-675-1083

**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: \_\_\_\_\_