

EMILY GRIFFIN, M.A., LCPC

Clarity Through Counseling, LLC

501 N. Frederick Ave, Suite 300 • Gaithersburg, MD 20877

Face Sheet

Child's Name: _____

Date of birth: _____ Age: _____ Sex: _____

Race/Ethnicity: _____

Parents' Marital Status: _____

Mother's Name: _____

Father's Name: _____

Street Address: _____

City, State and Zip code: _____

Home phone: _____ Cell phone: _____

Additional phone number: _____

Is it okay to leave a voice message? Yes: _____ No: _____

Email address: _____

Can I send emails to this email address? Yes: _____ No: _____

Parent/Guardian Signature: _____

Date: _____