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## Face Sheet

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

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_

Marital Status: \_\_\_\_\_

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

City, State and Zip code: \_\_\_\_\_

Email address: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Additional phone number: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_

Client/Parent Signature: \_\_\_\_\_

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