



Marcy Houston
Mental Wellness Center of the Lowcountry

CLIENT INFORMATION

Name:

Date of Birth:

Address:

Mobile Phone:

Other Phone:

Email Address:

Sex: Male Female

Marital Status: Married Single Other

Employment: Employed Full-Time Student Part-Time Student
Unemployed / Other

Emergency Contact

Name:

Relationship to client:

Date of Birth:

Address

Mobile Phone:

Email Address: