

GRACE COUNSELING CENTER
FACE SHEET
(Please Print)

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date Of Birth: _____ Age: _____

Home Phone: () _____ Work Phone: () _____

Other Number(s): _____

Emergency Contact Person: _____

Phone: _____ Relationship: _____

For those under 18:

Mother: _____ Father: _____

Step parents (if any): _____

Is it OK to leave a message on an answering machine: (circle answers)

At work? Yes No At Home? Yes No

Is it OK to leave messages with a family member? Yes No

(If you circled no to any question, please tell the receptionist to make a note of it.)

Grace Counseling Center may need to contact you on occasion. If we are unable to leave a message or make a reminder call, please remember you are responsible for your appointment times.

Signature: _____

(By parent if under 18)