



10 McKown Road, Suite 202
Albany, NY 12203

518-466-3100

synergycounselingassociates@gmail.com

www.synergycounselingassociates.org

Client Information Form

Legal Name: *First:* _____ *Middle:* _____ *Last:* _____

Preferred Name:	Pronouns:		
DOB:			
Address:			
City/State/ Zip:			
Contact info:	Mobile:	Home:	Work:
	Other:	Email:	
Administrative Sex:	Gender Identity: <small>(optional)</small>	Sexual Orientation: <small>(optional)</small>	
Demographics:	Race:	Ethnicity:	Language:
	Religious Affiliation: <small>(optional)</small>		
Marital Status			
<i>(unmarried, married, domestic partner, polygamous, divorced, widowed, legally separated, interlocutory decree, annulled, something else, chose not to disclose)</i>			
Employment Status			
<i>(fulltime, part time, self employed, contract-per diem, fulltime student, part-time student, on active military duty, retired, leave of absence, temporary unemployed, unemployed, something else)</i>			

Diane Lykes
Clinical Director