



Bay
Mental Health LLC

Bay Mental Health LLC
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Client Information Form

Client Name: _____ Date of Birth: _____

Preferred Name: _____ Preferred Pronouns: _____

Address: _____

Phone: _____ Email: _____

Administrative Sex: _____ Gender Identity: _____

Sexual Orientation: _____

Race: _____ Ethnicity: _____

Languages Spoken: _____

Employer/School: _____

Position: _____

Relationship Status: _____

Additional Identifying Information: _____

Client Signature: _____ Date: _____