

CLIENT CONTACT INFORMATION

Name _____

Address _____

Home Phone: _____ May I leave a message? Yes No

Cel Phone: _____ May I leave a message? Yes No

Work/Other: _____ May I leave a message? Yes No

E-mail: _____ May I leave an email? Yes No

Person to Notify in Case of an Emergency: _____

Phone Number _____ Relationship to person _____

How do you prefer to schedule appointments? Text _____ Email _____ Phone _____

If Client is a minor (age 18 or younger), please include parent contact info. If parents are separated or divorced, give both parents' information.

Parent Name _____

(H) _____ (W) _____ (CEL) _____

Email _____

Parent Name _____

(H) _____ (W) _____ (CEL) _____

Email _____

Do you want to receive a monthly billing statement for your records? Yes _____ No _____

If you want to receive a monthly billing statement, make sure to include your email address. Billing statements are sent via email. Please note: Email is used for scheduling and billing purposes only. Counseling and consultation are not conducted through email.

Referred by (if any): _____