

**Client Contact Information**

Client's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_ M \_\_\_ F \_\_\_ Other \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Adult's Name (if client is a minor) \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

*(circle all numbers above at which you give permission to be contacted)*

*Okay to leave a voicemail?    yes \_\_\_ no \_\_\_*

E-mail address(es): \_\_\_\_\_

*May we add you to our monthly newsletter mailing list?    Yes \_\_\_ No \_\_\_*

Health Insurance information: Name of insurance \_\_\_\_\_

Phone number# \_\_\_\_\_ Policy and/or Member # \_\_\_\_\_

Group \_\_\_\_\_ List the preferred way(s) for therapist to reach you \_\_\_\_\_

Person(s) to Contact in Case of an Emergency:

1. Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Best way to contact this person \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Best way to contact this person \_\_\_\_\_

I realize that there is a possibility that I may compromise the level of confidentiality when using cell phones and e-mail to communicate. Please indicate by placing your initials next to each means of communication to which you give your consent to use: E-mail \_\_\_\_\_ Cell phone \_\_\_ Cell voicemail \_\_\_\_\_ (please refrain from texting therapist except in the case of communicating scheduling changes)

I also realize that the contact numbers for the therapists are cell phone numbers \_\_\_\_\_

Client Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature (if client is a minor) \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature (if dual custody of child) \_\_\_\_\_ Date: \_\_\_\_\_