

NEW CLIENT BASIC INFORMATION

Legal Name: _____

Preferred Name: _____

Date of Birth: _____

Mailing Address: _____

Do we have your permission to send you mail for administrative purposes only, which may include Protected Health Information (PHI), such as your name or your receipts for therapy sessions? Yes / No

Primary Phone Number: _____

(circle one): Home Cell Work Other: _____

Can we call you, and receive calls from you, at this number? Yes / No

Do we have your permission to leave you a message to schedule an appointment that may include PHI, such as your name, our name/practice, and reason for the call? Yes / No

Alternate Phone Number: _____

(circle one): Home Cell Work Other: _____

Can we call you, and receive calls from you, at this number? Yes / No

Do we have your permission to leave you a message to schedule an appointment that may include PHI, such as your name, our name/practice, and reason for the call? Yes / No

Email Address: _____

Do we have your permission to send you emails, or respond to emails from you, for the purpose of scheduling appointments, which may include PHI such as your name, our name, or therapy session dates? Yes / No

Emergency Contact Information:

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____