**Client Info**

Name:

Date of Birth:

Driver License #: State Issued From:

SSN:

Home Address:

Home Phone:

Cell Phone:

Work Phone:

Email:

Which number(s) may I leave messages at for you?

Preferred method of communication\*:

**Emergency Contact Information**

Name:

Relationship to Client:

Phone:

Alternate Phone:

Address:

\*Email and texting are NOT secure forms of communication. While you are welcome to contact me using these forms of communication, consider only use them for scheduling purposes. All other clinical issues should be discussed by phone or in person.