



**CLIENT INFORMATION AND COMMUNICATION PERMISSIONS**

Client Name: \_\_\_\_\_

Client Date of Birth: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

I give Reflective Counseling permission to use this email address to discuss scheduling and other personal information.

I do NOT give Reflective Counseling permission to use this email address to discuss scheduling and other personal information.

Cell phone: \_\_\_\_\_ Please Check all that Apply:

- Reflective Counseling may leave a voicemail on this phone number to discuss scheduling and other personal information.
- Reflective Counseling may NOT leave a voicemail on this phone number to discuss scheduling and other personal information.
- Reflective Counseling may text this phone number to discuss scheduling and other personal information.
- Reflective Counseling may NOT leave a voicemail on this phone number to discuss scheduling and other personal information.

Alternate phone: \_\_\_\_\_ Please Check all that Apply:

- Reflective Counseling may leave a voicemail on this phone number to discuss scheduling and other personal information.
- Reflective Counseling may NOT leave a voicemail on this phone number to discuss scheduling and other personal information.
- Reflective Counseling may text this phone number to discuss scheduling and other personal information.
- Reflective Counseling may NOT leave a voicemail on this phone number to discuss scheduling and other personal information.



**EMERGENCY CONTACT:**

Name: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Client/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

We would love to know who referred you so we can thank them!

How did you hear about us? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_