



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: _____

By typing my name, and checking this box, I confirm that I am authorizing this form.

Printed Name: _____

Relationship to Client: _____

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

How did you hear about us? _____
