

New Client Information

Name: _____ **Date of Birth:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Numbers: _____ **OK to leave message?** _____

_____ **OK to leave message?** _____

Place of Employment: _____

Referred By: _____

Is it ok for me to acknowledge the referrer? _____

Reason for Therapy _____

Please provide contact information for a person I can contact in case of emergency.

Emergency Contact Person _____

Relationship _____

Address _____

Phone Number _____

_____ (please initial) I agree for Jill Pressley, MA, LPC to contact the above
named person in case of emergency.

Client Signature

Date

