

Client Contact Information
Rachel Ewing, LMFT (MA: 1864, CA: 94702)

Client Name: _____ Date of Birth: _____

Spouse/Parent Name: _____

Address: _____ City: _____ Zip: _____

Client Phone #: _____

Spouse/Parent Phone #: _____

Is it ok to leave messages regarding appointment scheduling?

Email address: _____

Is it ok to email regarding appointment scheduling? _____

Would you like appointment reminders? _____ via text or email?

Emergency contact: _____

Emergency contact Phone #: _____

Relation to client: _____

Client /Parent Signature: _____