

**Wendy K. Heckler, LCSW**  
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**Client Information Form**

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

Name: \_\_\_\_\_  
  First  Middle Initial  Last

Address: \_\_\_\_\_  
  Street Address  City  State  Zip Code

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Person Responsible for the Fee: \_\_\_\_\_

NAME & DOB of Insurance Policy Holder (if different): \_\_\_\_\_

**Phone Number(s):**

Best # for contact: \_\_\_\_\_

If you are unavailable, may I leave a message?   yes           no

May I contact you via email?   yes   no                      Text Message?   yes   no

*\*\*Unsecured forms of communication are for scheduling only; not for emergencies or consultation*

The most secure communication is through the Spruce App.

**Emergency Contact Person:**

Name: \_\_\_\_\_ Number \_\_\_\_\_ Relationship \_\_\_\_\_