

**CLIENT INFORMATION**

**L. Chris Cannida, LPC \* 425 E. 22<sup>nd</sup> Street Ste 103-D, Owasso, OK 74055 \* 918.344.7551**

Client's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  
Last First MI/Maiden

Home Address: \_\_\_\_\_  
Street Apt #  
\_\_\_\_\_  
City State Zip

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Referred by: \_\_\_\_\_

May I thank this person for the referral? \_\_Y \_\_N

In providing cell number(s) you acknowledge awareness that a cell phone is not a secure/private line.

SSN (Optional): \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female

Which phone numbers would you prefer I use in order to reach you? \_\_\_Home \_\_\_ Cell

For reminders of upcoming appointments, please check preferred method of contact:

\_\_\_ Text to Cell \_\_\_ Email

May I email you newsletters and/or responses to your email contact?

Yes Email: \_\_\_\_\_  
 No

Check if you acknowledge that your home address is the preferred address for receiving billing statements and all other written correspondence.

Check here if you would like billing statements and/or correspondence from my office sent to an address other than your home and please clearly print that alternate address here:

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

**EMERGENCY INFORMATION (in cases of Medical Emergency only)**

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

I hereby attest that the above information was provided by me, the client, or legally authorized parent/guardian on behalf of client:

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_