**CROSSWAY COUNSELING**

**Appointment Reminder Notification**

Please check only ONE way of contact that you would like for an appointment reminder. Usually a reminder is sent out 2 days prior to the appointment date.

**\_\_\_\_\_** Text. Phone number to text to: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_** Email. Email address to send to: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_** Phone message. Phone number to send to: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**By signing below I give permission to Crossway Counseling Center to leave a message by means of indicated above to remind me of my appointments. I also understand that technology does not work all the time, so ultimately it is up to me to remember my appointments.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Client Signature Date