



## Client Contact Information and Permission

Name: \_\_\_\_\_  
Last
First and Middle
Preferred (Name I like to be called)

Current Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Your pronoun(s): He  She  They  Other \_\_\_\_\_

Local Address: \_\_\_\_\_  
Street Address
City
State
Zip+4

Non-Local Address: \_\_\_\_\_  
 (for college students) Street Address
City
State
Zip+4

### Consent to Leave a Message

I have been advised and understand that:

- Dr. Cohen employs an office manager, who may at times need to contact me about appointments, insurance, billing, or other matters not dealing with the content of my counseling.
- Dr. Cohen may from time to time need to contact me about therapeutic or other matters.
- There may be times when I am not available to receive such calls myself.

I consent for Dr. Cohen and her staff to call me and leave messages as I've marked below.

Home Phone: (\_\_\_\_) \_\_\_\_\_ Ok to call? Yes \_\_\_ No \_\_\_ Messages? Any\_\_\_ Impersonal only\_\_\_ None\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Ok to call? Yes \_\_\_ No \_\_\_ Messages? Any\_\_\_ Impersonal only\_\_\_ None\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Ok to call? Yes \_\_\_ No \_\_\_ Messages? Any\_\_\_ Impersonal only\_\_\_ None\_\_\_

Other Phone: (\_\_\_\_) \_\_\_\_\_ Ok to call? Yes \_\_\_ No \_\_\_ Messages? Any\_\_\_ Impersonal only\_\_\_ None\_\_\_

### Consent to Email

I have been advised and understand that:

- At times, Dr. Cohen or her staff may wish to draw my attention to information or resources online via email.
- If I send email to Dr. Cohen of a counseling nature, she will print it out and discuss it with me at my next appointment. She will not engage in therapeutic discussions with me via email or text message.
- When I need to cancel or reschedule an appointment, Dr. Cohen and her staff prefer to be notified by telephone, unless the appointment is at least a month in advance.

I consent for Dr. Cohen and her staff to email me as indicated below.

Email address: \_\_\_\_\_

Restrictions (if any) on content of emails: \_\_\_\_\_

### Emergency Contacts

In case I have a medical or psychological emergency while in counseling, I authorize Dr. Cohen or her staff to contact:

Name	Relationship to me	Address and phone

Name	Relationship to me	Address and phone

By signing here, I am indicating my consent to the above: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Client Signature
Today's Date