

# Kaitlin Lindquist Counselling

## Client Contact Form

### Basic Information

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Reason(s) for seeking counselling services: \_\_\_\_\_

\_\_\_\_\_

### Contact Information

|                |  | Is it safe to leave a message? |   |
|----------------|--|--------------------------------|---|
| Home Phone:    |  | Y                              | N |
| Cell Phone:    |  | Y                              | N |
| Email Address: |  | Y                              | N |

Preferred mode of communication? \_\_\_\_\_

### Primary Physician

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Emergency Information

Emergency Contact Person: \_\_\_\_\_

Relation: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_ I give Kaitlin permission to contact this person in case of an emergency or if she is unable to reach me directly

How did you hear about my services?: \_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Date