

Name (First and Last):

Address:

Date Of Birth (mm/dd/yyyy): ____/____/____

Phone Number:

E-Mail Address:

Do you prefer to communicate via:

- Phone**
- Text**
- Email**

What are your goals for treatment?

Lanie Schachter-Snipper, MC, Registered Psychotherapist
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www.lsscounselling.com

EMERGENCY CONTACT

Client Name:

Emergency Contact Name :

Relationship to Employee:

Emergency Phone:

Comments Text:

Print Name _____

Signature _____

Date _____