

DRAGONFLY THERAPY SERVICES & INSTITUTE

CLIENT CONTACT INFORMATION SHEET

Name: _____

Birth Date: ____/____/____ Age: ____ Gender: Male Female Other

Address (Street and Number): _____

City: _____ State: _____ Zip: _____

Home Phone: (____) ____ - _____

May We Leave a Message? Yes No

Cell/Other Phone: (____) ____ - _____

May We Leave a Message? Yes No

May we text appointment reminders? Yes No

*Please note: Texting correspondence is not considered to be a confidential medium of communication.

E-mail:

May We Email You? Yes No

*Please note: Email correspondence is not considered to be a confidential medium of communication.

Occupation:

Place of Employment: _____

Work Number: (____) ____ - _____ If needed, is it OK to call here? Yes No

Emergency Contact: Name: _____

Relationship: _____ Phone Number: (____) ____ - _____