

Danny Boylan LPC LLC

Client Information Form

Today's date: _____

Your name: _____

Last

First

Middle Initial

Date of birth: _____

Home street address: _____

City: _____ State: _____ Zip: _____

Cell Phone (or best phone): _____ Email: _____

May I leave you voicemails and emails at the above destinations in regards to appointments? _____

May I text you in regards to appointments? _____

Referred by: _____

May I have your permission to thank this person for the referral? (Circle one) Yes No

If referred by another clinician, would you like for us to communicate with one another? (Circle one) Yes No

Person(s) to notify in case of any emergency: _____

Name

Relationship

Phone

I will only contact this person if I believe it is a life or death emergency. Please provide your signature to indicate that I may do so: (your signature): _____

Please briefly describe your presenting concern(s): _____

What are your goals for therapy? _____

Are you currently struggling with any suicidal thoughts? _____

I require that a credit or debit card be left on file for payment of session fees and for any late cancellation fees. As explained in the informed consent document, a late cancellation fee/missed appointment fee of \$140 will be charged any time you provide less than 24 hours' notice to cancel or don't show up for an appointment. Please provide the following: (if you prefer, you can provide this information over the phone instead)

Name on card: _____

Card number (I do not accept AMEX): _____

Address on file with card: _____

CCV code: _____

Expiration date: _____