

**Bob Gamble Counselling, LLC**  
**Client Information Sheet & Contact Details**

**Client Information**

Name \_\_\_\_\_

Name you like to be called \_\_\_\_\_

Address \_\_\_\_\_

**Telephone Numbers/Contact Details**

Home \_\_\_\_\_ May I leave a message? Yes No

Cell Phone \_\_\_\_\_ May I leave a message? Yes No

Email/s \_\_\_\_\_

Appointment Reminders: (Circle preferred format) Text Voice Email

**Personal Information**

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Marital Status \_\_\_\_\_

Significant Other's Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Parent or legal guardian Information (if different from client): \_\_\_\_\_

\_\_\_\_\_  
I verify that the above information is factual and true to the best of my knowledge. I agree that my designated emergency contact person may be contacted, if necessary, for my safety or in case of emergency and any information related to my care may be shared with this person.

Signature of client or responsible party: \_\_\_\_\_ Date \_\_\_\_\_

All personal information is held securely in accordance with HIPPA regulations.