

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 HIPAA regulations.