## **CLIENT CONTACT INFORMATION SHEET**

## The Right Direction Counseling LLC

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Birth Date:/ Age:	_		
Gender: ☐ Male ☐ Female			
Name:			
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			
E-mail:			
May We Email You?  ☐ Yes ☐ No			
*Please note: Email correspondence is	s not considered to	be a confidential m	nedium of communication.
Occupation:			
Place of Employment:			
Work Number: ()			
If needed, is it OK to call here?  ☐ Yes ☐ No  Emergency Contact:			
Name:	Relationship:		
Phone Number: ()			