

CLIENT CONTACT INFORMATION SHEET

Heather M. Fewox-Steen, LMHC, LLC

3599 Riverside Ave Suite 2F

Jacksonville, Florida 32202

904-434-2536

counseling@hmfewoxsteenththerapy.com

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 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: (____) ____ - _____