PATIENT CONTACT FORM

This completed form helps my office contact you in the most efficient and confidential manner. As a courtesy, we make it a practice to remind you of your appointment. You will receive an email reminder a few days before your appointment. Please confirm your appointment by responding to the email. Please be advised, there are times when my staff may be out of the office due to illness, vacation or holidays and will be unavailable to send out emails. The responsibility to remember your appointment is ultimately yours. If you miss an appointment without providing at least a 24-hour notice, you will be responsible for paying for the session in full (emergencies reviewed on a case-by-case basis). If you notify the office at least 24-hours in advance, your session time can be offered to someone from my waiting list.

PLEASE PRINT AND PROVIDE ALL INFORMATION REQUESTED

Patient Name: _____ **Date of Birth:** _____

Home Phone: (__ __ __) __ __ __ - __ __ __ __
May we contact you at the above number? **Yes ☐ No ☐ Emergency only ☐**
In the event you are not available, may we leave a message with anyone answering or leave a voicemail message? **Yes ☐ No ☐ Emergency only ☐**
Special note or instructions: _____
_____

Cell Phone: (__ __ __) __ __ __ - __ __ __ __
May we contact you at the above number? **Yes ☐ No ☐ Emergency only ☐**
In the event you are not available, may we leave a message with anyone answering or leave a voicemail message? **Yes ☐ No ☐ Emergency only ☐**
Special note or instructions: _____
_____

Work Phone: (__ __ __) __ __ __ - __ __ __ __
May we contact you at the above number? **Yes ☐ No ☐ Emergency only ☐**
In the event you are not available, may we leave a message with anyone answering or leave a voicemail message? **Yes ☐ No ☐ Emergency only ☐**
Special note or instructions: _____
_____

E-mail Address: _____
May we contact you at the above e-mail address? **Yes ☐ No ☐ Emergency only ☐**
Special note or instructions: _____
_____

NOTE: I am unable to guarantee the confidentiality of e-mail correspondence. Please call the office with any sensitive and/or private health information at 512-249-5001. Please do not use email to communicate regarding an emergency situation, as I cannot guarantee a prompt reply. Contact the office in the event of an emergency. Email is used for scheduling and general information not as a regular form of client communication.

Patient Signature: _____ **Date:** _____

PLEASE NOTIFY MY OFFICE OF ANY FUTURE CHANGES TO THIS INFORMATION AS SOON AS POSSIBLE