CLIENT CONTACT INFORMATION SHEET

IMPROVing Life Counseling Inc.

111 W Jackson Blvd Ste1700
Chicago, IL 60604

1818 Dempster St
Evanston, IL 60202

echo@improvinglifecounseling.com

Birth Date: _____/_____/_____

Name:_____

Gender:_____SexualOrientation:_____

Ethnicity/Cultural Background:_____

Marital/Relationship Status:_____

Address (Street and Number):_____

City: _____ State: _____ Zip: _____

Home Phone: (_____)_____

May We Leave a Message
☐ Yes ☐No

Cell/Other Phone: (_____)_____

May We Leave a Voicemail and/or Text 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.

Emergency Contact:

Name:_____ Relationship:_____

Phone Number: (_____) _____

Authorization to contact in case of emergency (please circle): Yes No

_____

Client Signature Date