

Patient Name: \_\_\_\_\_

Doctor/Therapist: \_\_\_\_\_

Phone Numbers	Okay to call?	Okay to leave a message?
Home: _____	<input type="checkbox"/>	<input type="checkbox"/>
Work: _____	<input type="checkbox"/>	<input type="checkbox"/>
Cell: _____	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

Your therapist will make every effort to keep any email and text message communication confidential, however there is no way to guarantee that standard email and texting are 100% confidential. If you are concerned about this, please consider downloading hushmail (email) or tiger text (text messages) for encrypted and confidential communications with your therapist.

**Special Requests:**

\_\_\_\_\_  
**Signature of Patient or Personal Representative**

\_\_\_\_\_  
Date

Relationship of Personal Representative to the Patient: \_\_\_\_\_