

# LIFESKILLS COUNSELING SERVICES

## CLIENT INFORMATION FORM

Date: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ SS# \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Marital Status: Single Engaged Married Divorced Separated Widowed

Spouse's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Children's Names and Ages: \_\_\_\_\_

### CANCELLATION AND UNKEPT APPOINTMENT CHARGES

To cancel and/or re-schedule your appointment, please call our office at **770-714-3567** at least **24 hours** in advance of your appointment time. Messages may be left after normal business hours or over the weekend. This allows us adequate time to reach others who are wanting your appointment time or day.

*Cancellations less than 24 hours and "no shows" will be charged a fee of **\$75***

PLEASE READ THE ATTACHED "THERAPIST-CLIENT AGREEMENT" WHICH CONTAINS OUR POLICIES. IF YOU HAVE ANY QUESTIONS, FEEL FREE TO DISCUSS THEM WITH YOUR COUNSELOR.