

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 \$65.00

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