



1095 Pingree Road, Suite 202
Crystal Lake, IL 60014

Client Contact Form

Client's Name: _____ Date: _____

Parent's Name (if child receiving counseling): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Contact Phone Number:

Name: _____

Number: _____ (Home / Cell)

Do you give permission to receive text messages at the listed phone number? Y N

Do you give permission for us to leave a voicemail at the listed phone number? Y N

Preferred Email Address:

Name: _____

Email Address: _____

Signature: _____