

Lisa K. Wheeler, M.A., LPC, PLLC

Client Information

Please be advised that mental health records constitute privileged information that is protected by the law of the State of Texas, and they may contain information that is protected under Federal Confidentiality Regulations.

If client is a minor, all information should be completed for the child, unless otherwise indicated. Check N/A for those items that do not apply.

Date: _____

Name: (Last) _____ (First) _____ (MI) _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ OK to send correspondence via email? _____

Phone:

(cell) _____

OK to leave message at this number? Yes No

(work) _____

OK to leave message at this number? Yes No

Date of Birth _____

How did you hear about me? Who were you referred by? _____

Do you need special accommodations? Yes No If yes, explain _____

I understand and agree to these policies in the Client Agreement/Informed Consent Yes No

Client Signature (or Parent's signature if client is a minor)

Date