

Christy Lincoln, LCPC

General Info Sheet

Name

Address

Date of Birth

Phone

Ok to leave messages?

Physician name

Significant illness, injury, hospitalizations, etc.

Current medications

Previous counselors name and dates

Emergency contact (name, phone, relationship to you)

In this box, please indicate the address and telephone number you want me to use to when sending bills or when I need to contact you. If this box is left blank, I will use the address and telephone number you have provided above.

If you do not want me to leave a message on your voice mail, please tell me how you want me to reach you by phone:

Signature

Date