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Client Intake Form

Full Name _____

Address _____

Primary Phone _____ Alternate Phone _____

Email Address _____

Date of Birth _____ Age _____ Marital Status _____

Referred by _____ Phone _____

May I have your permission to contact your referral source to thank him or her? Yes No

Reason for seeking counseling _____

Is there any other information you would like to share with me today? _____

I understand that I am responsible for all charges incurred, that I must cancel an appointment at least 24 hours in advance or I will be charged for that appointment, and that I am responsible for missed appointment charges.

Signature

Date