

Client Cover Sheet *for Kris Gooding, LCSW*

YOUR FULL NAME

Date of Birth

Do you prefer to be called something else?

ADDRESS:

STREET:

CITY:

ZIPCODE:

CELL PHONE:

ACCEPT MESSAGES?

OTHER PHONE

ACCEPT MESSAGES?

EMAIL

ACCEPT MESSAGES?

Reminder:

Please take a moment to make sure my cell number: 301-806-0211 is in your phone or added to your books. Also, please note my email address kris@find-within.com. Always contact me directly for any therapy related matters such as; altering your appointment time, notifying me you are running late, or any other time sensitive, appointment or therapy related matter. I accept voice and text messages.

As per your contract, I ask that you provide as much advance notice of any changes to your appointments as possible.

I require 48 hours (business day hours) notice for cancellations.

Again, call or text me directly 301 806 0211.