

# Substance Use Therapy

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## Client Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Preferred Name or Nickname: \_\_\_\_\_ Preferred Pronoun: \_\_\_\_\_

Address: \_\_\_\_\_

Cell: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Is it OK to contact you via (circle your answer):

Phone: Yes No      Text: Yes No      Email: Yes No      Mail: Yes No

Is it OK to leave a message on your (circle your answer):

Cell: Yes No      Alternate phone: Yes No

How did you hear about substance use therapy? \_\_\_\_\_

**For couples and families, please have all people attending therapy who are 18 or older fill out their own client information and sign copies of the Informed Consent and Privacy Notices.**