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Suite 100
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CLIENT INFORMATION FORM

DATE _____

DATE OF BIRTH ___/___/___

CLIENT'S FIRST NAME _____ LAST NAME _____ MI _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

PHONE NUMBER _____ Home Work Cell (circle one)

EMERGENCY CONTACT NAME _____ NUMBER _____

Would you like a reminder text or email of your upcoming appointment? Y N

Do we have permission to call you and leave a voicemail? Y N

How did you learn about Elena Scher Psychotherapy, PLLC? _____

SIGNATURE

DATE