

Client Information Update

[initials]

I understand that I am responsible for reading the most current Professional Disclosure Statement/HIPAA policy and have been informed that all current forms, including Release of Information, Insurance policy, Technology Policy and Credit Card Authorization are always available at www.sharonwardcounseling.com. I may also request a current paper copy at any time.

Client's Name _____ Nickname _____ DOB _____ Age _____

Mailing Address _____

City _____ State _____ Zip _____

Physical Address [if different] _____

City _____ State _____ Zip _____

Cell _____ Home _____ Work _____

Email* _____ Sex M F

Where do you work/go to school? _____

Job/Major _____ How long? _____

If under age 18:

Parent[s] names _____

Mom phone _____ Mom's email _____

Dad's phone _____ Dad's email _____

I have provided the most current legal orders regarding visitation and consent for psychological treatment to Sharon Ward, MS, LPC, NCC. _____ [initials]

Current Medications

Name _____ Dose _____ Reason _____

Name _____ Dose _____ Reason _____

Name _____ Dose _____ Reason _____

Name _____ Dose _____ Reason _____

OVER 

Payment Information

Who will be responsible for payment _____ Relationship to client _____

Mailing address [if different] _____

Phone number [if different] _____ email [if different] _____

Emergency Contact Information

Who do I contact in case of an emergency? _____

Relationship to you _____

Phone _____ Phone _____

Should a medical emergency arise, are there any allergies or medical conditions that emergency personnel might need to know about?

*No spam will be sent to your email address. By providing your email address, you are also acknowledging that you understand that I cannot guarantee that messages will be confidential due to the inherent security limitations of the internet. Information shared with me may/ may not be used in future sessions and I may/may not respond via e-mail. I do not check this email daily and sometimes, messages do not go through (either to or from me) so please check back as needed or contact me by phone. If you are in a life-threatening situation, please call 911 or go to the emergency room. Thank you.

Sign _____ Date _____