Allison Howe, LMHC

Client Information Form

Name:

Date of Birth:

Street Address:

City:

State/Zip:

Email:

Phone:

Emergency Contact Name & Number:

(Please identify a person I can contact in the event that our Telehealth session disconnects and there is a question of safety for you or your partner. While this is unlikely, Telehealth guidelines recommend that this information be on file. *Providing an emergency contact authorizes me to contact this individual in an emergency*).

Client’s Employer:

Primary Care Physician:

Current Medications and Dosages:

Allergies or adverse reactions to medications or substances:

Any other Medical or Behavioral Specialists you are involved with now or previously? Please include names and dates:

How did you learn of my practice?

Signature:

Today’s Date: