

---

# CLIENT CONTACT INFORMATION SHEET

## LISA J KAHN, LCSW

516-350-3975

lisajkahn@mindfulclaritypsychotherapy.com  
125 Michael Drive, Suite 105 Syosset, New York  
11791

### CONTACT INFORMATION

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

Primary Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Birth Date: (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_

Secondary Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Age: \_\_\_\_\_

May We Leave A Voicemail?

Gender: \_\_\_\_\_

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Pronouns: \_\_\_\_\_

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

Email: \_\_\_\_\_

City: \_\_\_\_\_

May We Send You An Email?

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Yes: \_\_\_\_\_ No: \_\_\_\_\_

### OCCUPATION INFORMATION

Employer: \_\_\_\_\_

Job

Title: \_\_\_\_\_

Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

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

May We Call this Number?

City: \_\_\_\_\_

Yes: \_\_\_\_\_ No: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

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

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Relationship: \_\_\_\_\_

May We Call this Number?

Email: \_\_\_\_\_

Yes: \_\_\_\_\_ No: \_\_\_\_\_

### PLEASE NOTE:

EMAIL CORRESPONDENCE IS NOT CONSIDERED TO BE A CONFIDENTIAL MEDIUM OF COMMUNICATION UNLESS SENT USING AN ENCRYPTED SERVER.