

CLIENT CONTACT INFORMATION SHEET

Helping Hands of Hope Counseling

(815) 523-0009
team@helpinghandsofhope.net
4747 Lincoln Mall Drive
Matteson, Illinois 60443

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.**